The Lettsomian Lectures
ON
SYPHILIS AND THE NERVOUS SYSTEM.

Delivered before the Medical Society of London,

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LECTURE III.
PART II.

A GENERAL SURVEY of the treatment of syphilis, as well as the observation of individual cases, can scarcely fail to impress one important conclusion on an impartial observer. It is not easy to state this conclusion in language not open to misconstruction. In its baldest form, the conclusion is that syphilis is an incurable disease. In the form least liable to misinterpretation, and free from inexactness, it is this: there is no real evidence that the disease ever is or has been cured—the word "disease" being here used to designate that which causes various manifestations of the malady. The statement that "syphilis is an incurable disease" is legitimate, if we recognise that, by "incurable," we merely mean that there is no proof of cure. I do not put this opinion forward as in any way novel; indeed, I feel with regret that on this and on many other points in these lectures I express opinions that are held by others, and some of which have been well stated by others, and all of which, I cannot doubt, have been stated more than once. I regret that it has not been possible for me to ascertain the extent to which this and other opinions have been before expressed. Hence I feel that the only course that is just to others and safe for myself is to ask you to regard nothing in these lectures as having any claim to originality. As I said at the outset, my desire is to render more definite the knowledge that already exists, and not to bring new knowledge into existence. In current works on syphilis the fact of incurability is clearly admitted, although even in these it is not quite compatible with the language here and there employed. But the fact is certainly not accepted by the profession at large in the manner that seems to me to be warranted by the facts. It seems to me to be most important for practical reasons that this should be understood by all—that as far as evidence at present goes—whatever power we may hope and anticipate the future will bring—no treatment, however thorough, will bring the disease to an end, so that the patient does not suffer again from any of its direct effects. In this sense—and it is the only proper sense of the words—the assertion seems to me to be open to no question, and yet the fact is very remarkable. It is strange that this should be true of a disease, the effects of which are so largely under control. We can, under favourable circumstances, remove most true specific lesions; we can bring to an end most true specific processes; but the arrest or removal of the manifestations of a disease is a very different thing from its cure. We can, indeed, do a little more than remove the manifestations and effects of the disease; we can restrain the activity of the virus, whatever it be, that causes these manifestations and effects. But when we speak of the *cure* of a disease, we mean that its essential element, that which lies behind all its symptoms and consequences, that which is the persistent cause beneath the transient effects,—we mean that *this* is made to cease, is ended once and for all as a morbific agent, so that it never again disturbs the system. In this sense I believe that it is literally correct to say that we have no evidence that syphilis ever is, or ever has been, cured.

I can scarcely doubt that so absolute a statement will seem, even to some here to-night, unjustified and even mistaken. Some of you may call to mind cases that seem to contradict it—cases in which a patient was suffering from symptoms of the disease, and is known to have been afterwards free from any indication of the malady. Such cases do occur; they may be numerous. Far more frequent, however, in the experience of most observers, are cases in which the immunity that follows a course of treatment is not permanent, in which other symptoms reappear at a later period. In very few of the cases regarded as "cured" has the patient been kept under observation long enough to justify the positive conclusion that the disease was at an end. Nowhere has this fact been recognised more clearly than in the admirable work of Hill and Cooper. Cases are common enough in which the hope of cure produced by several years of perfect freedom was ultimately disappointed. Of the patients with late syphilitic lesions that come under the observation of the physician, many—very many—have undergone thorough treatment for the early symptoms. It is difficult (I may say that to me it is impossible) to compare the history of the various sufferers from syphilitic lesions—to compare the course of the disease in cases in which treatment was early and thorough with those in which no treatment was employed—and not to question whether early treatment has yet been shown to have any appreciable influence in preventing the late symptoms of the disease. But if this be so, how are we to explain the cases in which the malady has seemed to cease after a course of treatment, or those in which it has ceased, so far as observation has gone? I have already hinted at the explanation which I believe to be the true one. We saw in the first lecture that, if we compare a series of cases, we meet with many in which the primary affection received no treatment at all, and yet the later symptoms were of a trifling character. There is the strongest reason to believe that many other cases occur in which later symptoms are altogether absent. Some facts that have an instructive bearing on this subject come to light in the histories of patients taken in the medical wards of a hospital, or in the out-patient room, suffering often from diseases that have no relation to syphilis. It is not uncommon to meet with those who have unquestionably suffered from primary syphilis and from slight secondary symptoms, but who took little or no notice of them, and who have never been treated, and who have had no later manifestations. I have mentioned the series supplied to me by Dr. Radcliffe Crocker, and which I hope he will extend and publish, for their importance is very great. In this series there are many cases in which notable late syphilitic skin eruptions occurred without any recognised previous manifestations of the disease, and even many in which the primary lesion had been unnoticed by the patient, and was certainly never treated. As I have said, there must be many more, with a similar latency of the early stages, with a similar absence of treatment, who passed not merely six or ten years without anything to call the malady to notice, but who never observed, through life, any manifestation of the disease to tell them that they were or had been its subject. Take, again, the other class of cases I referred to—the immunity of mothers of syphilitic children. They are certainly syphilitic, and yet many of them have never been treated, and never suffer. I believe that the variations in the general course of the disease in those who have been treated find parallels in the course of cases that have not been treated. I suspect that, if a large number of each class could be compared, the discrepancy between the two series would be found to be surprisingly small, and that it would not be difficult to find in each series a corresponding proportion of cases, on the one hand, in which the disease without treatment was brief and trifling, and, on the other, in which the disease with treatment was prolonged and severe. All the facts, impartially examined, seem to me to have one meaning, clear and unmistakable to those who choose to read it. The extreme variations in the natural character and course of the disease have not been sufficiently considered and allowed for by those who are under the impression that the cure of syphilis is certainly within our power. This impression is an illusion produced by variations in its course. In some patients the disease is brief; the symptoms that bring the patient under treatment may be the expiring effort of the virus, and the spontaneous cessation of the disease is ascribed to the treatment which was adopted. In other cases the tendency to further manifestations at some future time, near or distant, may be so strong that in spite of the most energetic treatment, long continued, many times repeated, wave after wave of activity brings to the unhappy subject year after year of varied suffering, and sometimes his life terminates before the disease comes to an end.

I have put the matter strongly in order to emphasise the essential truth, but certain qualifications are desirable. They do not touch the fact itself. One qualification is that while we have no proof that we ever can cure or

ever have cured syphilis, it is possible that we do come very near the achievement, and even sometimes attain it. I said that some manifestations are probably—indeed, I might say certainly—the expiring efforts of the malady. It may be that in some others the symptoms that bring the patient under treatment are only the penultimate manifestations, and that some further consequences, which would occur were it not for the treatment, may be averted. Then we do arrest the disease altogether. In such a case the malady may be said to be cured, but the cure is at best limited, and cannot be regarded as more than hypothetical. The second reservation is one rather of words and theory than of fact. There are some who hold that the duration of the disease is much more brief than that of its manifestations—that the later symptoms are indirect consequences—indirect in their mode of production or in their relation to the specific virus. The statement I have made is one that is independent alike of any pathology that is known or any theory that may be held. Whatever may be the intimate and ultimate pathology of the later symptoms,—from the point of view of practical medicine, they are part of the disease; and no question as to their origin or their relation to the virus can alter the fact that the disease, as a disease to be dealt with and not merely to be thought about, is not, in the proper sense of the word, a disease that can be cured. Speculations as to the origin of the lesions and the essential nature of the malady at different periods, have no influence, it seems to me, on the practical problems to which we must now confine our attention, although it may be that the practical questions have an important bearing on these speculations.

While the course of the disease in its relation to treatment justifies the doubt whether it is ever cured, except in this narrow and partial sense, the question arises whether the removal of the lesions and the repression of the activity of the essential elements of the disease have an influence on the course of the affection. It is difficult here to resist the seductive attractions of theory and of analogy. But the question can be answered only by facts, and we ought not to try to obtain the semblance of an answer in any other way. The conclusion that the essential element in the disease resists treatment, and runs its course uninfluenced by our efforts, is in harmony with what we know of other specific disease due to a poison introduced from without, and communicable from one person to another. There is not any fact whatever to show that a single disease of this kind can be cut short. The course of the acute exanthemata cannot be arrested by any means at our disposal at any stage of their course, and the same seems true of this chronic exanthematous disease. This is eminently true also of the disease that stands, perhaps, nearer to syphilis than any other known malady—leprosy.

Here we catch another glimpse of the strange duality of the disease. And yet the word "strange" is scarcely accurate. In syphilis we probably only see that which exists in all maladies of like nature, but in most others, to a large extent, escapes our notice. What is it that treatment influences in so remarkable a manner? What is it that remains in spite of the treatment—remains to assume, from time to time, a fresh activity, and to cause renewed manifestations. We say, in general terms, that treatment removes the effects of the disease, the local lesions it produces. Besides this, treatment seems to be capable of repressing, and even suppressing, the activity of the *materies morbi*. Take this one fact, evidence of which you will find presented with care in the work of Hill and Cooper. A syphilitic woman who would bear a child certainly diseased, and probably dead, can by treatment be made to bear a child that at the time of birth shows no trace of the disease; yet even such an influence on the morbid process in the mother does not prevent her from again suffering. If we are able to hold securely the outline of a general truth only by means of the point of a hypothesis, we may consider that our drugs destroy the developed and developing organisms, and fail to influence the germs of these. But much remains obscure when this or any other hypothesis that we can frame has done its utmost to clear our view, and we must wait, perhaps for long, before we can understand the real reason why we are able to do so much, and yet can do no more.

The general treatment of syphilitic lesions does not come within the limits that I have set to these lectures, and even if time permitted me to make an exception on account of the importance of the subject, I should still hesitate to occupy your attention with that which every student is taught. The few minutes that remain I may best spend in pointing out certain points on which we need to have a far firmer foundation of observed facts than has at present been supplied, and a more secure hold on certain important truths.

One question on which there is some difference of opinion is as to the respective power of mercury and of iodide of potassium—represented in its extreme forms by the custom of some physicians to give only iodide for the late lesions, and the opinion of others that mercury alone is effective, and that iodide has only the power of bringing into an efficient activity the mercury that may have been deposited and held inert in the various tissues. The only point really at issue, however, is the influence of iodide. I have, on this subject, to range myself with the majority. It seems to me impossible to see much of the true specific lesions of the nervous system, and not to believe that over most of them iodide has a most potent influence. The symptoms of a gumma, for instance, lessen and pass away under the influence of iodide of potassium as speedily and as completely as would seem, *a priori*, to be possible from any agent. I am inclined to think that when a lesion is distinctly influenced by either drug, if this is given freely, the effect of one is as great as that of the other, and that, in most circumcumstances, I doubt whether it is necessary to follow the iodide with a course of mercury. But this is only an impression; the physician cannot gain from his cases any real trustworthy *conviction*. We need more detailed observations by those who can *see* the influence of the treatment of lesions in the skin and other parts; we need observations as to the relative effect of different kinds of treatment and the time needed for the complete removal of specific processes. We need details that would be useless for the observer himself, but are essential for us; and we need in such observations careful discrimination, as far as is possible, of the effect of the drug and between changes which result from that effect, but may need time for their full completion. It is very easy for physicians to mistake the slow improvement in symptoms that goes on for a considerable time after the syphilitic lesion has been removed for the slow removal of this lesion.

At the same time the question needs asking, and needs an answer, Are there late syphilitic lesions over which iodide of potassium has no influence, and which yield to mercury? Some years ago this question was impressed upon me by the case of a woman who had a firm mass deeply seated in the posterior triangle of the neck, compressing the lower nerve roots entering the brachial plexus, and causing paralysis of the muscles of the forearm and hand. She presented unmistakable signs of constitutional syphilis, including the loss of almost the whole of the soft palate, which had been destroyed by ulceration several years before. Iodide of potassium was given in large doses for about six weeks, but without the slightest effect on the mass. Perhaps during the following two months it did not get larger, but it certainly did not get less, nor did the pain which was caused by the compression of the nerve roots. Mercury was then given, and as soon as its influence was established the mass began to lessen and the pain ceased, and in a few weeks the neck had resumed a normal state. The lesion was no doubt the chronic syphilitic periadenitis not uncommon in this region. The significance of this case seems clear, but there is one source of fallacy I will mention in a moment.

I have not met with any case of intra-cranial disease in which there was reason to believe that mercury was successful while iodide failed. In the case of gummata I have found, as a rule, the effect of iodide perfectly satisfactory, as great as seemed possible, and with entire removal of the symptoms, except in cases in which such complete removal could not be expected. Syphilitic inflammation is, I think, better treated with mercury, since this has far more influence than iodide over the process of inflammation irrespective of its nature and cause, but I cannot say that this opinion is based on observations free from sources of fallacy.

With regard to the methods of administration of mercury I have nothing to say. The old method of inunction seems to me to bring the point under the influence of the drug as speedily as it can be done with safety, and with a certainty incomparably greater than the administration by the mouth. I have been deterred from a trial by the hypodermic method, because the published evidence seemed to me not to afford any satisfactory proof of superiority, being destitute of the element of comparison essential to such proof, and because this method seems to afford an opportunity for psychical influence not free from risk of that

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which is undesirable. But I would not for one moment suggest that such an influence has entered into the motives or action of those who have used this method.

There are two points in the treatment of syphilitic diseases of the nervous system on which I think a word of caution is urgently needed. The first is regarding the prolonged administration of anti-syphilitic drugs, especially of iodide of potassium. By "prolonged" I mean exceeding from six to ten weeks. I believe that full doses in this time will effect all that it can achieve in the removal of the syphilitic process. Here, as I have just said, we want facts that are visible, numerous, and carefully observed, to guide us in our conclusion. I do not say that the symptoms will have disappeared. It cannot be too firmly remembered that symptoms are due to changes that are not syphilitic, changes in the nerve elements secondary to the syphilitic disease, but so far independent in course that they may persist long after the specific lesion is at an end. Hence the fact that the symptoms have not yet ceased is no indication that the specific lesion is not entirely removed. Here, then, I would range myself with the minority—a minority that is fast growing in size, especially in Germany,—who hold that the long-continued treatment by small doses of mercury or iodide is a mistake, great and dangerous; who hold that treatment of any true specific lesion should be energetic, but should continue only a little longer than is necessary to remove the lesion; repeated it may be after an interval occupied by tonic treatment, or by the other of the two chief drugs. If iodide is continued, as it often is, during many months (and much more, as it sometimes is, during years), there is a danger that the system tissues of the patient may become so accustomed to its presence that the drug may no longer hold in check the syphilitic processes. Probably we may still influence the lesions by increasing the dose, but this process must have limits in practice, if not in theory. Such prolonged and augmented treatment may do definite injury to the patient's health, and even then fail to effect the desired object. If the poison is an organised virus, we might *a priori* expect this result. By long-continued, gradual alteration in the conditions, low organisms, as Dallinger has shown in his remarkable experiments, can be made to endure influences that would at first be fatal to them. By slowly raising the temperature, they will not only live but flourish at a degree of heat, which, had it not been for their acclimatisation, would have killed them in a few minutes. But the question is not one in which we can be guided by theory, far less by an analogy, possibly remote. There is, moreover, a positive danger in this method. It is also great in the practice to which I referred at the beginning of the lecture—that of repeated courses of energetic treatment to remove residual symptoms that cannot be thus removed, because they do not depend on any residual specific process. I will mention this in a moment.

The test of experience alone can say whether this risk of loss of power is imaginary or real. But, at the same time, the fact does not need for its proof the evidence of accumulated experience or numerous observations. A single clear instance will suffice to establish it, and no number of negative instances would disprove it. We know how erratic the course of syphilis is, and how great must be the variations in the state and tendency of the virus in the system. In one case, if the energy of the disease is subdued, it is for a long time tranquil, while in another the tendency to fresh development soon reasserts itself. Hence it may readily be that a series of cases may lead to a delusive confidence in the safety of a course of treatment which is, nevertheless, now and then fraught with danger.

The following instance, I think, proves that the danger is not imaginary. Many years ago, a man came under my treatment with symptoms of local chronic meningitis about the pons. Ten grains of iodide of potassium were given, and the symptoms rapidly lessened. Slight residual symptoms, however, remained, for which iodide was continued, and he took it regularly for about four months. At the end of that time some obscure cerebral symptoms developed, the syphilitic nature of which was doubted, because they had developed in spite of the iodide. He was admitted to the Hospital, and the iodide was continued and slightly increased; but the symptoms rapidly developed, spinal symptoms were superadded, and in a few weeks he died. Post mortem we found the remains of local syphilitic meningitis at the base, as had been suspected, and also a syphilitic gumma in the cerebral hemisphere, and another in the spinal cord. Here, then, we had clearly a new development of that syphilitic lesion over which iodide has most influence, although the patient was at the time, and had been for a long time before, continuously taking the drug.

I have seen other instances, both with iodide and with mercury; but this case impressed me so as to preclude the occurrence of fresh illustrations in my own practice, and I do not care to adduce instances not observed by myself throughout. Especially in early syphilis, however, I have been satisfied that the virus may resume activity during the continuation of mild mercurial treatment. Here is a source of a possible fallacy in the case I mentioned just now, in which iodide had no influence on the syphilitic process in the neck. It is possible that the patient had been taking iodide for a long time before she came under my care. There is no evidence of it, but the point was not investigated, and must remain doubtful.

I would add only one other remark. If it is true that we cannot cure syphilis, it is most important to consider how it can best be kept in check. This is why the fact of incurability, if true, is so important. A mistaken belief in curability may dangerously hinder attempts at prevention. If no present treatment can prevent future developments, then it is wise, whether these come or not, to anticipate them. I think a custom sometimes recommended is prudent—that every syphilitic subject, for at least five years after the date of his last symptoms, should have three weeks' course of treatment twice every year, taking, for that time, twenty or thirty grains of iodide a day. If this practice were adopted generally, is it not reasonable to anticipate that grave lesions would be much more rare?

The idea that residual symptoms are necessarily proof of residual specific lesions, which can be removed by a renewal of treatment that has already been energetic, seems to me an opinion not only destitute of proof, but fraught with grave danger. I have alluded already to the ease with which a mistaken conclusion can be reached. The danger depends on the tendency which I have more than once discussed, and must again advert to in its therapeutical aspect—the tendency to degenerative changes in the nervous system presented so frequently by those who have had syphilis. The danger is, I think, as great in those who have had true specific lesions as in those who have not. These degenerations, as we have seen, are not checked by specific treatment, and there is reason to think that they are sometimes accelerated by such treatment, especially when it exerts a depressing influence on the general health. I have seen many instances of this, especially from energetic mercurial treatment. In most cases of the kind, the evil has been done by the repetition of mercurial treatment in the hope of removing residual symptoms which were not, and could not, be removed by such treatment.

There is one other important element in the treatment of luetic lesions in the nervous system that is often forgotten. We have to do with a syphilitic process, and with the damage to the nerve tissues which the process causes. Thus there are three elements in the affection—the specific process, the damage to the nerve tissues caused by that process, and the symptoms that are due to this. It is important to recognise each of these elements, and to consider, in arranging our treatment, how far the two pathological elements need special measures. In the treatment of syphilitic lesions, we must never forget, any more than in diagnosis and prognosis, the simple changes in the nerve tissues on which alone the symptoms depend. To confine our therapeutic attention to the syphilitic element is to neglect measures that may make an appreciable difference in the ultimate result. The cases, it is true, are rare in which we are able to appreciate the effect of such neglect on the one hand or of recognition on the other. In the improvement that follows the removal of the syphilitic process, we are commonly unable to discern that which may result from collateral measures. A chief bane of modern therapeutics is, it seems to me, the demand for proof where proof cannot be forthcoming, and the tendency to reject that of which the evidence is not clear, when the absence of such evidence is no ground for inferring the absence of benefit. In every case, all measures should be employed that are suggested by what we can learn of the nature of the morbid process and by the known tendency of therapeutic agents, in confidence that they cannot be altogether without influence in bringing about the ultimate result, and satisfied if now and then we can distinctly trace their beneficial action.

Here I must end. To me—and, if I have been in any measure successful in achieving the result that has been my aim, to you also—the subject cannot but grow in importance

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the more it is studied; its vast proportions seem to loom still vaster through the mists that obscure its features, and prevent clear vision of its outline—still to us unlimited. To those who have attempted to explore the range of its influence on the nervous system, or to those who look on and note the efforts of others, who see from time to time some fresh discovery extend our knowledge in directions altogether unsuspected, and see region after region of disease opened out before the mental eye as part of this affection, the malady seems like some dark continent not yet half traversed, in which the known may still be less than the unknown. Moreover, the nervous system is only one out of many parts of the human frame in which this terrible disease plays havoc, and it may be that the greater frequency and extent of its processes in this region is merely apparent—a consequence of the readiness with which these delicate parts are deranged in their structure and function, and of the distinctness with which such derangement is revealed. Strange, indeed, is it to think that all this train of morbid processes, so long, so varied, often so disastrous, is the consequence of the entrance into the system of a few organisms scarcely to be seen even by the utmost increase in the power of vision human ingenuity has yet contrived. And it is strange and sad to remember that this malady, rivalled in its total capacity for wrecking happiness and health and life by no other, and exceeded in appalling horror only by those whose effects are more sudden, is equally formidable by reason of our limited power over it. Make what deductions you can for the mild or latent forms of the disease, recognise all our power of repression, and the fact remains that we have yet to find the means of arresting it; and, I may add, we have yet to find effective means for its prevention. The philanthropy whose vision is so narrowed by misplaced feeling that only one imperfect aspect of the means employed can be perceived has decreed that the chief method that has been suggested shall not have so much as a trial under fair conditions, despite the manifold and varied benefit that has been obtained from its partial use, and has decreed that the disease shall continue, unrestrained, to work its ruin alike on the innocent and guilty. Against the influence of this mistaken zeal for a nominal purity and a real disease we are powerless, but there remains the fact—old, it is certain, as the malady itself—that it can be prevented. One method, and one alone, is possible, is sure, and that one is open to all. It is the prevention and the safety that can be secured by unbroken chastity. Is this potentiality becoming greater? As we look back through the long centuries, we see the sensual more and more dominant in the past, growing less as the race slowly rises. But, as we look at the present, we can trace small ground for hope that this process will have any appreciable influence unless or until there is some change in men more potent and effective than the slow "live upward, working out the beast" of moral evolution. But that which will not perhaps be for the mass may yet be for the individual. And, in ending, I must ask a question and give a warning that I would fain have left unasked, unsaid. But I cannot, I dare not pass them by. Do we do all we can—and our profession gives us power that no other has—do we do all we can to promote that perfect chastity which alone can save from this, and from that which is worse? The opinions that on pseudo-physiological grounds suggest or permit unchastity are absolutely false. Trace them to their ultimate basis and they are groundless. They rest only on sensory illusions, one of the many illustrations of a maxim which I have often to enforce on various sufferers: "There are no liars like our own sensations." Rather, I should say that they rest on misinterpretations, always biassed, and often deliberate. With all the force that any knowledge I possess can give, and with any authority I may have, I assert—as the result of long observation and consideration of facts of every kind—that no man ever yet was in the slightest degree or way the better for incontinence; that for it every man must be worse morally, and that most are worse physically, and in no small number the result is, and ever will be, utter physical shipwreck on one of the many rocks, sharp, jagged-edged, or one of the many banks of festering slime that are about his course, and which no care can possibly avoid. And I am sure, further, that no man was ever yet anything but the better for perfect continence. My warning is—let us beware lest we give even a silent sanction to that against which I am sure, on even the lowest grounds that we can take, we should resolutely set our face and raise our voice.

Address
ON
LONDON, ANCIENT AND MODERN, FROM A MEDICAL POINT OF VIEW.

Delivered to the Medical Society of University College,

BY G. V. POORE, M.D., F.R.C.P.

(*Continued from p. 267.*)

WE now approach the year 1665, so notable for the terrible pestilence which afflicted London, and we may well take the opportunity of seeing what was the practice of physicians at this time. The best account of the plague is that written by Dr. Nathaniel Hodges, under the title "Loimologia." This work, originally written in Latin and published by the author in 1672, was translated by Dr. John Quincy in 1720. From this valuable work we gain some insight into the moral and physical conditions of the population, and of other causes which tended to increase the virulence of the epidemic. It was at the close of the year 1664 that cases of plague—a disease which had previously committed extensive ravages in London—began to occur, and the fears of the inhabitants were fomented by astrologers and others, who tormented the ignorant with prophecies as to the evils which would occur from the "conjunction of Saturn and Jupiter in Sagittarius" and the like. Again, the action of the magistrates, who ordered that infected houses should be marked with a red cross and the legend "Lord have mercy upon us," and who further set a guard upon such houses to prevent either ingress or egress, was probably most mischievous, as tending to spread the infection amongst all the inhabitants of a house, and to keep it alive within the confined area of the city. Hodges truly remarks that the proper course would have been to immediately remove the infected to proper lodgings provided without the walls. He continues: "But what greatly contributed to the loss of people thus shut up was the wicked practice of nurses (for they are not to be mentioned but in the most bitter terms). These wretches, out of greediness to plunder the dead, would strangle their patients and charge it to the distemper in their throats; others would secretly convey the pestilential taint from sores of the infected to those who were well," &c. If we are to receive the statement seriously (and Hodges is a temperate writer), it throws considerable light on the moral condition of the lower orders.

The first symptom of the plague appears to have been, as a rule, a violent shivering or rigor, lasting from half an hour to four or five hours. This was followed or accompanied by vomiting. Upon this delirium quickly supervened, and if not restrained the infected would run "wildly about the streets." Vertigo, headache, and coma were also common. The signs of fever were strongly marked, such as "extreme inquietude, a most intense heat outwardly, attended by unquenchable thirst within, dryness, blackness of the tongue, intolerable heat of the præcordia, and all other usual concomitants of a fever's accession." In many cases there seem to have been well-marked exacerbations and remissions, but this was not constantly observed. Insomnia was occasionally troublesome, and palpitation of the heart appears to have been often strongly marked. Sweating was a common feature, and seems often to have been "critical," the plague subsiding at once by crisis. Pustules upon the skin, varying in size from a pea to a nutmeg, and called blains, as well as buboes affecting the lymphatic glands, were among the ordinary symptoms. Further, in addition to these, carbuncles seem to have been very usual, and also a petechial eruption; and, further, Hodges describes (in addition to the foregoing pustules, buboes, carbuncles, and petechiæ) certain prominent spots with pyramidal heads, which were called "plague tokens" by the vulgar.

The treatment adopted was very far from being of the so-called "expectant" form which is now so much followed in the management of patients suffering from infective disorders. They were put to bed between the blankets, and the patient was addressed by his physician "with

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cheerfulness." Hodges seems to have discouraged phlebotomy, but he states that many "let blood largely." If the patient did not vomit he was given an emetic, and this in many cases was followed by an expulsive cathartic. In all cases were strong diaphoretics administered, and sweating was encouraged to the utmost. A marvellous assortment of drugs were poured into the patient. Those used by Hodges were mostly fresh indigenous herbs, and he mentions angelica, rue, sage, veronica, centaury, scabious, pimpernel, marygold, scorzonera, ivy berries, balm, valerian, garlic, gentian, elder berries, juniper berries, and dozens of others; but he speaks scornfully of the Oriental bezoar, powdered unicorn's horn, and powder of toads, which many thought very efficacious. "To all who sweat," he says, "change of clothes is to be denied, for the patient takes harm by clean coverings, not so much from any prejudicial quality of the soap abounding in them, as from a dampness which is inseparable from them, and the approach of air which is unavoidable in the shifting, both of which will check the sweating." Sleep was industriously kept off, although sometimes, through sheer weariness, the patient would drop into a doze. The diet given was light and generous—eggs, strong broths, and generous wines; but of the usefulness of gold boiled in the broths Hodges has "nothing to say." The patient was most rigidly kept in his bed, and those who were delirious were tied in them. During the sweats "the patients were forcibly kept awake," and if later in the disease a little sleep was allowed they were roused every four hours to take medicine. Scents were used in the room, and odorous gum resins, such as styrax, were burnt upon live coals. Blisters were applied to several parts, such as the nape of the neck and the insides of the arms and thighs. These blister plasters were made of pitch, galbanum, wax, cantharides, yeast, euphorbium, and vinegar of squills, worked into a mass. The parts thus blistered were not suffered to heal till the malignity of the disease was spent. "Besides epispasticks, it is not lost labour to apply proper things to the feet. I commonly used a plaster made of the compound betony plaster, adding to it some euphorbium, saffron, and London treacle; and I found this to do more good than cataplasms, which some, however, liked better to use, and were made of bryony root steeped in vinegar, the flesh of pickled herrings, black soap, rue, scordium, and arum, with a sufficient quantity of vinegar; sometimes also pidgeons were applied to the feet." Similar applications were also made to the wrists. The buboes were treated with cataplasms and discutients, and were often opened by the surgeon and subsequently washed with a "Lixivium of ashes, scordium, betony, bugloss, sanicle," &c., in which also was dissolved some London treacle. Carbuncles were treated in a similar way, but when the eschar did not fall off the actual cautery was liberally applied. In order to prevent the necessity of using a hot iron, it was suggested that "sometimes the pestilential venom is to be drawn out by cupping or scarrification or epispasticks; sometimes also for the same purpose is applied the bare rump of a fowl, repeated until these creatures appear not to be hurt by it; for this natural warmth sooths the vital heat of the part it is applied to and entices away the morbifick venom through the pores; pidgeons, used alive, and warm sheep's lights have likewise been observed thus to asswage the acrimony of this pestilential virulence."

Hodges is by no means silent on the important subject of prevention, and he justly says: "When the nature and peculiar qualities of this disease are known and reported by physicians, such laws should be provided as might best conduce to prevent its spreading, if not to its utter extirpation." The punishment of those who frighten the populace by prophecies and the like; the timely separation of the sick from the well; house-to-house visitation (which was actually carried out); the disinfection of the air by fumigations; the daily cleansing of streets, sinks, and canals ("because stench and nastiness are justly reckoned the entertainers of infection"); the burning of pastilles; the killing of "dogs, cats, and other domestic brutes," which carry the infection from place to place; and great attention to personal health, are among the measures which he advocates. He has no belief in the benefit to be derived from taking excrement and urine, which were given as antidotes by some old nurses; but, on the other hand, he had implicit faith in liberal potations of sack ("middle-aged, neat, fine, bright, racy, and of a walnut flavour"). With regard to the use of tobacco, he says: "I must confess myself at uncertainties about it, though as to myself I am its professed enemy, and was accustomed to supply its place as an antidote with sack." He did not believe in amulets, which were then much in vogue: some being alleged to have a diffusive magnetic value; others drawing the poison out of the body "as amber attracts straws," some serving to invigorate nature. Walnut shells filled with mercury, arsenic mixed with wax and a variety of other drugs, and dried toads seem to have been the amulets most generally worn.

Among the physicians who stayed in London to minister to the sick, Hodges mentions "Dr. Glisson, Regius Professor at Cambridge, Dr. Nath. Paget, Dr. Wharton, Dr. Berwick, Dr. Brookes, and many others." And he further states that of these, eight or nine died. Hodges, however, survived, and he says: "I think it not amiss to recite the means which I used to preserve myself from the infection during the continual course of my business among the sick. As soon as I rose in the morning early, I took the quantity of a nutmeg of the antipestilential electuary; then, after the dispatch of private concerns in my family, I entered into a large room, where crowds of citizens used to be in

FIG. 1.

College of Physicians, Warwick-lane. Entrance.

waiting for me; and there I commonly spent two or three hours, as in an hospital, examining the several conditions and circumstances of all who came thither; some of which had ulcers yet uncured, and others to be advised under the first symptoms of seizure; all which I endeavoured to dispatch with all possible care to their various exigencies. As soon as this crowd could be discharged, I judged it not proper to go abroad fasting, and therefore got my breakfast. After which, till dinner-time, I visited the sick at their houses. ..... After some hours visiting in this manner I returned home. Before dinner I always drank a glass of sack, to warm the stomach, refresh the spirits, and dissipate any beginning lodgement of the infection. I chose meats for my table that yielded an easy and generous nourishment, roasted before boiled, and pickles, not only suitable to the meats but the nature of the distemper (and, indeed, in this melancholy time, the city greatly abounded with variety of all good things of that nature). I seldom likewise rose from dinner without drinking more wine. After this I had always many persons come for advice, and as soon as I could dispatch them I again visited till eight or nine at night, and then concluded the evening by drinking

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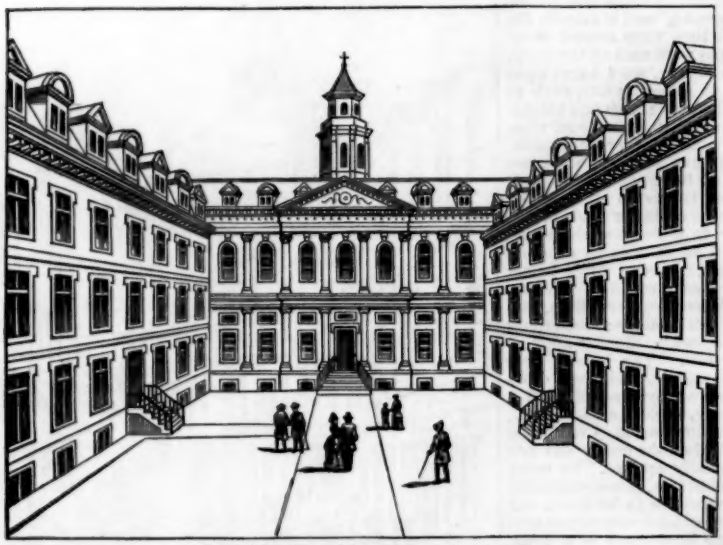
to cheerfulness of my old favourite liquor, which encouraged sleep and an easy breathing through the pores all night. But if in the daytime I found the least approaches of the infection upon me, as giddiness, loathing at stomach, and faintness, I immediately had recourse to a glass of this wine, which easily drove these beginning disorders away by transpiration. Yet in the whole course of the infection I found myself ill but twice; but was soon again cleared of its approaches by these means, and the help of such antidotes as I kept always by me." It should be mentioned that during the infection Dr. Hodges wore an "issue" as a preventive measure, and he says: "Whenever I was most beset with pestilential fumes I could then immediately perceive a shooting pain in my issue, and had a great deal of ill-conditioned matter discharge therefrom; and this I always looked upon as a sure warning to have timely recourse to alexipharmicks." The facts given by Dr. Munk concerning Hodges are the following: Nathaniel Hodges, son of the vicar of Kensington, was born in 1629, educated at Westminster, Cambridge, and Oxford, and appears to have been a Parliamentarian; M.D. 1659; F.R.C.P. 1672; censor, 1682; Harveian orator, 1683. During the latter part of his life he received a pension from the city on account of his services during the plague. He fell into debt, and died in Ludgate prison in 1688. There is a tablet to his memory in St. Stephen's, Walbrook. Let us not be hard on this brave man. He did his duty nobly. True, he was fond of sack and got into debt. Perhaps had his nature been less generous, and had he been less full of the milk of human kindness, he might have amassed a large fortune. He is a noble exception to Chaucer's doctrine that "gold in physick is a cordial," and it would ill become us to sit in judgment on one who in an important respect affords us an example of noble conduct.

FIG. 2.



College of Physicians, Warwick-lane. Quadrangle.

The years 1665 and 1666 were eventful ones for the College of Physicians. At that time the president was Sir Edward Alston, who had managed to repair the financial ruin caused by the civil wars by the expedient of admitting honorary Fellows, and making them pay for the honour. It was in this year that Charles II. attended one of the anatomy lectures and knighted the lecturer (Sir George Ent) at its termination. Misfortunes, however, were in store, and we can hardly say they were undeserved. When the plague appeared, the president and most of the Fellows fled from town, and during their absence the treasure chest of the College was emptied by thieves. After the plague came the great fire, and in it the College at Amen-corner was destroyed. When the College was rebuilt, a new site, not far from the old one, was chosen. This was in Warwick-lane, Newgate-street, on a piece of ground purchased from Mr. Hollier, a surgeon, for £1200. The new College was designed by Wren. (See Fig. 1.) It was in the form of a quadrangle with a botanical garden behind it, running down to the City walls. The entrance was through a fine gate, and over this Sir Christopher Wren built a magnificent theatre forty feet in diameter, with an octagonal-domed roof. This theatre was said to be a model of what a theatre should be. There were, in addition, fine rooms for transacting the College business, and a good library. Only about 140 books had been saved from the fire, but the new College was soon furnished with books by the library of the Marquis of Dorchester, which that nobleman bequeathed to it. He appears to have been a learned and somewhat eccentric man, who studied "all manner of learning, both divine and human." He became a Fellow of the College in 1658, and shortly before had been made a bencher of Gray's-inn. It is impossible not to regret the fine old College, with its spacious courtyard and physic garden and its historic associations. (Fig. 2.) But it would seem as if no purely educational establishment can flourish in the City of London. The Royal Society, the College of Physicians, and the College of Surgeons have all moved away, and Gresham College alone is left, as if to show the impossibility of flourishing in the richest city of the day. Much as one may regret the old College, it is probable that Sir Henry Halford did right in advising in 1824 a move to Pall-mall, notwithstanding that the present house is much smaller than the old one, and by no means remarkable for the convenience of its arrangement.

Of the London physicians of the seventeenth century none is better known than Thomas Sydenham. He was born in 1624, joined the Parliamentary army in 1643, and became M.B. Oxon. in 1648. In what his medical education consisted is not clear. It is very doubtful if he was ever at Montpellier or any foreign school. He was a great friend of John Locke. He came to London in 1660, and was a licentiate of the College of Physicians in 1663. Like the rest of the world, he ran away from the plague; but, as he lived in Westminster, he did not probably suffer from the fire. He died in 1689. His "Medical Observations concerning the History and Cure of Acute Diseases" was published in 1666, and was dedicated to Robert Boyle. In the preface of this work he strongly advocates an attempt at a scientific classification of disease by a careful comparison of the phenomena observed in different cases. Accurate diagnosis was the necessary preliminary to finding a reliable *methodus medendi*. His own descriptions of disease are excellent. Perhaps his account of the gout, from which he suffered, is more often quoted than any other. He was never a Fellow of the College of Physicians. There is no evidence that he ever applied to be made a Fellow. Expressions are frequent in his writings which seem to show that he was not on the best of terms with some of his contemporaries. Sydenham was undoubtedly a man who could think for himself, and perhaps his chief merit lies in the fact that he appreciated much of the medical writing of his time at its true value. It is recorded of him by Dr. Johnson that, "when Sir Richard Blackmore first engaged in the study of physic, he inquired of Dr. Sydenham what authors he should read, and was directed by Dr. Sydenham to 'Don Quixote,' 'which,' said he, 'is a very good book; I read it still.'" In this answer of Sydenham's we perhaps get a clue to his attitude towards the profession. He was one of the first to use Peruvian bark in the treatment of ague, and this must have done much to advance his practice at a time when London was scourged by malarious fever. One of my

objects is to bring before you personal facts with regard to some of our professional ancestors, and we get a good idea of Sydenham in that chapter of his "Schedula Monitoria" in which he details his own sufferings. It was in 1660 that he first suffered from the gout, and shortly afterwards symptoms of renal calculus developed, and in 1676 he began to suffer from hæmaturia. "This became," he says, "afterwards habitual, as often as I either went along a way on foot, or drove in a carriage, no matter how slowly, over the paved streets. On an unpaved road, however, I might drive as far as I chose, and no such harm would occur." He tried various remedies for this trouble without success. "I therefore made up my mind to try no further, and only guarded against the affection by avoiding as much as I could all motion of the body." When his urine became bloody he was bled, and he took frequent doses of manna dissolved in whey as a laxative, and sixteen drops of laudanum in small beer at bedtime as a hypnotic. As to the regimen he observed, he says: "On getting out of bed I drink a dish or two of tea, and ride in my coach till noon, when I return home and moderately refresh myself (for moderation is well in all) with some sort of easily digestible meat that I like. Immediately after dinner, I drink rather more than a quarter of a pint of Canary wine to promote the concoction of the food in the stomach, and to drive away the gout from the bowels. After dinner I ride in my coach again, and (unless prevented by business) am driven out for two or three miles in the country for change of air. A draught of thin small beer serves for supper, and I repeat this even after I have gone to bed and am about to compose myself for sleep. I hope by this julep to cool and dilute the hot and acrid juices lodged in the kidneys, whereby the stone is occasioned." He goes on to state that he prefers the "hopped small beer," and "to prevent bloody urine I take care as often as I drive any distance over the stones to drink a free draught of this small beer upon getting into my coach, and also, if I am out long, before my return, a precaution which has always been sufficient." Occasionally he suffered from what may be called a gastric crisis, and "in this case I drench myself with more than a gallon of posset, or else of this small beer; and, as soon as I have got rid of the whole by vomiting, take a small draught of canary wine with eighteen drops of the liquid laudanum, and, going to bed, compose myself to sleep. By this method I have escaped imminent death more than once." In an attack of nephritic colic occurring in a patient of sanguine temperament, Sydenham took ten ounces of blood from the arm on the same side with the kidney affected. "After this a gallon of posset drink, wherein two ounces of marsh-mallow roots have been boiled, must be taken without loss of time, followed by the injection of the following enema: Marsh-mallow roots and lily roots, of each one ounce; mallow leaves, pellitory, bears' breech, and chamomile flowers, of each a handful; linseed and fennugreek, of each half an ounce; water in sufficient quantity. Boil down to half a pint; strain; dissolve in the clear liquor two ounces each of kitchen sugar and syrup of marsh-mallow; mix and make into a clyster. After the patient has vomited and been purged, a full dose of twenty drops of liquid laudanum is to be given, or else fifteen or sixteen grains of Matthew's pills." Sydenham lived in Pall-mall, and Cunningham in his handbook of London has the following anecdote, which is of interest in connexion with his small beer and canary: "Mr. Fox told Mr. Rogers that Sydenham was sitting at his window looking on the Mall with his pipe in his mouth and a silver tankard before him, when a fellow made a snatch at the tankard and ran off with it. Nor was he overtaken, says Fox, before he got among the bushes in Bond-street, and there they lost him." Sydenham lived in Pall-mall from 1664 to 1689, and was buried in St. James's Church. A near neighbour of his was Madame Elinor Gwynne, over whose garden wall King Charles the Second used often to look as he walked in the Mall in St. James's Park. Sydenham, I have said, was a licentiate of the College of Physicians, and was never a Fellow. In Chamberlayne's "Present State of England" for 1662 I find a list of the Fellows, candidates, honorary Fellows, and licentiates of the College of Physicians. The name of Thomas Sydenham does not occur in this list, although it contains the name of his son, Dr. William Sydenham. In 1684 Dr. Hans Sloane, a young physician afterwards to be very famous, took up his abode with Sydenham. It was not till after Sydenham's death that his reputation reached the exalted position in which it has been held. *(To be continued.)*

ANÆSTHETIC APNŒA, AND ITS CORRECTION: A CLINICAL STUDY.

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IN a very able communication to the Medical Society of London[1] Dr. Howard again drew attention to the subject of apnœa, and gave a graphic account of his most recent experiments upon the cadaver, together with certain results, both practical and theoretical, the outcome of these experiments. Undoubtedly, the matter is one of more than passing interest, and is deserving of all the attention that can be given to it. I need not therefore apologise for attempting to place upon record some opinions I have formed (the result of clinical experience) as to the production of apnœa while under the influence of anæsthetics.

The term "apnœa" is apparently used by Dr. Howard as synonymous with asphyxia, and, as I shall frequently refer to his paper in the course of this communication, it is in this sense that it is here adopted. At the same time, I cannot help thinking that the word "asphyxia" is preferable, not scientifically perhaps, but as being the one by which certain phenomena and groups of symptoms are most widely known. To quote one of our most recent text-books: "Some years ago an attempt was made to substitute for it" (i.e., the word "asphyxia") "the name *apnœa*. This, however, has never been widely adopted, and its employment is now to be discouraged as much as possible, since physiologists employ it to denote an exactly opposite condition, that which consists in an excessive supply of oxygen to the blood, whereby respiratory movements are for the time rendered unnecessary."[2]

Apnœa, as it occurs in the course of the administration of anæsthetics, may arise extrinsically from the presence of a foreign body sufficiently bulky to form a mechanical obstruction to the passage of air; or it may follow intrinsically as the result of certain changes, the outcome of the anæsthetic condition, occurring in the tissues and structures concerned in the maintenance of the respiratory movements. The extrinsic causes of apnœa, including, of course, under this head the accumulation of large quantities of blood and mucus in the throat, I do not propose to discuss, as they can hardly be said to be special to the anæsthetic state. Excluding the voluntary restrained breathing of neurotic patients, it would appear that the anæsthetic apnœa which results from intrinsic causes is of two kinds—viz., spasmodic and paralytic.

By spasmodic apnœa I mean the condition which arises in consequence of distinct spasmodic closure of the glottis. Such apnœa may be observed under the following circumstances. 1. In the latter stages of nitrous oxide anæsthesia, where the administration has been pushed to the extreme limit of safety, the glottis then tends to partake of the general condition of spasm observed in the limbs and systemic muscles. 2. In the very early stages of chloroform administration, when the vapour is too concentrated, and before any signs of anæsthesia have developed, such spasmodic apnœa is comparatively rare in adults, unless the strength of the vapour is far beyond that which it is ever right to administer; but it is by no means uncommon in infants and young children. 3. Spasm may occur at any time during the inhalation of ether, if for any reason the strength of the vapour is suddenly increased. Thus it is very difficult to avoid some tendency to its development in the initial stages, however carefully the vapour be admitted, or however gradually its strength be increased. On the other hand, too, even when the patient is completely anæsthetised by nitrous oxide or even by ether itself, the sudden admission or increase in strength of the etherial vapour will equally induce marked spasm. 4. The irritation consequent upon the presence of even a small foreign body may throw the glottis into violent spasm. Under this head I would include the accidental inhalation of minute quantities of the liquid anæsthetic (as I have seen happen), and it has also appeared to me that occasionally a small quantity of blood may have the same effect, but of course it is difficult, in these latter cases especially, to eliminate the possibility of mere mechanical obstruction.

[1] Oct. 22nd, 1888; and THE LANCET, Nov. 2nd, 1888.
[2] Fagge's Principles and Practice of Medicine, first edition, p. 10

By paralytic apnœa I mean the condition which ensues in consequence of the effects of the anæsthetic upon the great nervous centres. Of this particular form of apnœa, I recognise clinically three distinct varieties, which I have attempted to explain as follows:—1. The first variety arises, or is likely to arise, when the anæsthesia is nearly perfect, and the relaxation of the systemic muscles is extending to the deeper and more delicate structures of the larynx; the soft parts, being then greatly relaxed, tend to fall together mainly in obedience to the force of gravity, and the arytenoepiglottidean folds, by thus closing upon one another, may effectually obstruct the air-way. 2. The second variety may arise independently of, but is more usually associated with, the first, and occurs when the base of the tongue, carrying before it the epiglottis, slips back into and occludes the upper opening of the larynx. In the production of this form of apnœa, the head and front of the offending is the base of the tongue. I see no reason for dissociating the epiglottis from its undoubted anatomical connexion with the tongue; it is true that the connexion is a lax one, and even more so in the anæsthetic state, so that it cannot be said that a movement of the one entails, under all circumstances, a corresponding movement of *equal* range on the part of the other. I would ask a somewhat careful attention to this point, because, as I shall subsequently point out, the *rationale* of our present treatment of the condition is in great measure due to the recognition of the existence of this connexion. Not only so, but in Dr. Howard's paper, and especially in his diagrams,[3] the epiglottis is represented as an almost independent structure, and, except when the negative effects of traction upon the tip of the tongue are pointed out, the existence of the glosso-epiglottidean connexion is barely alluded to, although due prominence is given to the hyo-epiglottidean ligaments. 3. Under the third head I would include the toxicological effects of the anæsthetic upon the respiratory centres. The apnœa which arises in consequence of these effects approaches more nearly to that of physiological apnœa than any form we have yet considered, inasmuch as it is due to cessation of respiratory movement; but it differs from such physiological apnœa, inasmuch as such cessation is due rather to absence of oxygen than to excess of that element.

Such, as it appears to me from a clinical standpoint, is the etiology of anæsthetic apnœa. The condition described by Dr. Howard resembles most closely that included in the second variety of paralytic apnœa, but I doubt very much whether it is ever possible to produce by means of anæsthetics a condition of relaxation of the tissues as complete as is observed in the body forty-eight hours after death, without at any rate inducing serious toxicological effects. I do not propose to discuss seriatim the symptoms of anæsthetic apnœa; in the main they are those of asphyxia from any other cause, and as such are well known. An important exception must, however, be made in respect to the toxicological variety, the onset of which is characterised by shallowness and gradual cessation of breathing, dilatation of the pupils, and a facial expression approaching more nearly the "facies hippocratica" of actual death than any other condition with which I am acquainted.

In the correction of the apnœa which results from the foregoing causes certain methods have long been in vogue, which, though frequently adopted somewhat empirically, are nevertheless capable of fairly satisfactory explanation, and it will, I think, be generally acknowledged that not only prompt, but also appropriate treatment is very essential in these cases. Into the details of treatment I shall not enter; they are too well known to require further explanation, but the clinical principles involved are, I think, worthy of discussion, if only in contrast to those of a pathological character put forward by Dr. Howard. In all forms of spasmodic apnœa all that is usually necessary is the removal of the exciting cause of spasm, whether that cause be a too concentrated vapour or the presence of a small foreign body. The occurrence of paralytic apnœa is always a serious matter, and it is the direct cause of death in the majority of cases in which a fatal result has followed the administration. Putting on one side the toxicological effects of the anæsthetic, it is obvious that, if my explanations of the remaining two varieties are the right ones, efforts at correction must be directed towards securing the retraction of the arytenoepiglottidean folds in the one case, and pushing forward the base of the tongue in the other. Anatomically, as well as physiologically, the tongue may be said to consist of two distinct portions—a freely movable tip and a less mobile base, to the latter being attached by loose folds the epiglottis. In what I may term the tonic condition of ordinary sensibility, it will hardly be denied that traction upon the tip of the tongue has a very decided influence upon the base; but this effect is, I believe, more reflex than mechanical. That simply pulling forward the tip of the tongue has, in the relaxed condition of anæsthesia, but little or no effect upon the mechanical movement of the base, and still less upon the epiglottis, are facts to which attention has frequently been drawn. But, at the same time, the still more important fact remains, that in very many cases of apnœa such traction has a very decided and beneficial effect upon the embarrassed breathing, and I cannot believe that this is merely accidental. Reflex phenomena are, as we know, the last to be abolished in such delicate organs as the eye and larynx, even in profound anæsthesia; and as long as the possibility of reflex response to mechanical irritation remains in the arytenoepiglottidean folds, so long will traction upon the tip of the tongue be of service; and it is precisely these cases which I would include under the head of the first variety of paralytic apnœa. Apart from this, I should be very sorry to discountenance in any way the routine practice of pulling out the tongue in cases of actual or threatening apnœa. As Dr. Howard himself says, "the cause of obstruction is sometimes chiefly one thing, sometimes it is chiefly another"; and I would add that the majority of these "causes" are more or less amenable to traction upon the tongue.

But cases undoubtedly arise in which mere traction upon the tongue (although it should always be given a trial) does not do the slightest good; these cases are the ones in which I believe the anæsthesia is deeper, or in which, for some reason (maybe the position of the head), the base of the tongue, pushing before it the epiglottis, has fallen across the upper opening of the larynx. Simple compression of the chest wall, or more systematic attempts at artificial respiration, are of course valuable, and one may say indispensable, adjuncts to the treatment of any form of apnœa; but in order that such compression should be of service it is essential to free the entrance to the glottis. All methods which are practised, or have been advocated, for this purpose, act, I believe, mainly by carrying forward the base of the tongue. Among such methods I may mention: the forcible pushing forward of the lower jaw until the lower incisor teeth project beyond the upper; drawing forward the base of the tongue by passing the finger, a long spatula, or a specially designed instrument (the glossotilt of Dr. Foulis[4]) well back into the mouth. That extreme extension of the head and neck is likely to be of service in these cases I do not deny, nor is it by any means a "new" suggestion, but, from a careful study of Dr. Howard's paper and diagrams, I believe even in his cases its action to be in the way I have indicated—i.e., a forward gravitation of the base of the tongue, rather than through the medium of complicated "three-linked chains." I am convinced that mere raising the epiglottis plays quite a secondary part, and that no amount of "elevation of the hyoid bone," by this or any other means, is likely to be of the slightest service, so long as we do not at the same time direct our attention towards the base of the tongue. I would further remark that even if I were disposed to accept Dr. Howard's views as to the prominent part played by the epiglottis in the production of apnœa, I should still be inclined to think that it would be better to act, or attempt to act, on the upper part of that structure—i.e., at its connexion with the tongue—than through the shorter hyo-epiglottidean ligaments attached to the middle. I have felt much hesitation in attempting to discuss this subject with such an authority as Dr. Howard, and I should not have had the temerity to do so did I not think that the conditions under which many of Dr. Howard's facts were obtained—i.e., in the deadhouse—were somewhat different from those under which I have been in the habit of observing somewhat similar phenomena—i.e., upon the operating table,—and therefore that some useful purpose might be served by contrasting the pathological and clinical aspects of the same question.

Chandos-street, W.

[3] Brit. Med. Jour. Nov. 17th, 1888.

[4] Edinburgh Medical Journal, July, 1880.

IN MEMORIAM.—As a memorial to the late Dr. Alfred Meadows, a stained-glass window has been placed in the chapel of St. Mary's Hospital, Paddington.

ATROPHY OF THE DELTOID.

SIX CASES SUCCESSFULLY TREATED BY PASSIVE CIRCUMDUCTION OF THE LIMB.

BY G. COOPER HARRISON, L.R.C.P., L.R.C.S. ED.

SEVERAL years ago I met with a case of atrophy of the deltoid which presented the unusual feature of intense pain being caused by slight pressure over any portion of that particular muscle, whilst immediately beyond its margin nothing unusual was felt by the patient. I looked up the literature of the affection, which appears to be extremely meagre, amounting to little more than a suggestion that it may be a form of rheumatism, which it certainly is not, for it refuses to yield to any of the remedies which cure rheumatism. Finding no help here, I thought over the case carefully, and it occurred to me that a clue might be obtained to the origin of the mischief, and also to its cure, in the fact that the course of the nerve supplying the muscle is peculiar, and totally unlike that of any other muscular nerve in the whole body. My theory is that the circumflex nerve, in passing through the quadrilateral space, is by that circumstance rendered liable to injury, and even to strangulation, such as could not occur to any other nerve. Falls upon the shoulder, stretching the arm beyond its due limit, or long-continued pressure in certain positions appear to cause atrophy of the muscle; and I suggest that the atrophy is due to strangulation of the nerve in the quadrilateral space, varying in degree according to the mode of injury, sometimes causing irritation and consequent hyperæsthesia, and sometimes complete interruption of the nerve current and paralysis. An illustration occurs to me at the moment of writing, so apt that I cannot forbear its use. It is that of a child pinching his tiny finger in one of the spaces of the movable frame for his toy soldiers, where the rhomboidal spaces change their angles at the will of the child-general, while the soldiers advance or retire. At the moment of greatest elongation, when the child's finger is caught in the narrow angle, there is an exact representation of the circumflex nerve trapped between the two teres muscles, the triceps and the humerus, when the arm is extended to its utmost above the head. In every case that has come under my notice—and I have treated more than twenty with entire success—there has been a clear history of injury. To return to my case, which is as follows:—

CASE 1.—The patient, J. K——, a shoemaker, over sixty years of age, had fallen heavily on his right shoulder five weeks previously. There was total loss of power in the arm, forearm, and hand, with intense pain in the shoulder. Slight pressure over any part of the deltoid caused such severe pain that the man shrieked at a touch. The natural contour of the shoulder was lost, the joint and the acromion appearing to be covered only with skin. With a view to restoring the normal position of the teres muscles and the long head of the triceps, and freeing the circumflex nerve from any possible constriction caused by the matting together of various structures by inflammatory products, I tried passive circumduction of the limb, and in a few minutes the patient felt some relief from pain and was able to partially flex the forearm and hand. At the end of twenty minutes he could flex the forearm to a right angle. I visited him nine times, making passive circumduction on each occasion, and with each visit he gained more freedom of movement and increased power. On my last visit I found him seated at his bench drawing the waxed threads through the sole of a boot he was making as nimbly as ever he had done before his accident.

CASE 2.—My next case was a widow lady, who six months previously had been attempting to reach something from a high shelf, when her left arm fell powerless to her side. She suffered much pain, and had been treated medically for six months without benefit before I saw her. The deltoid was quite atrophied; all the other muscles of the arm compared favourably with those of the opposite limb. Circumduction caused considerable pain, and the movements of the humerus were very restricted, owing probably to the locking of the head in the joint by adhesions or want of elasticity in the teres major and minor; but I persevered with the treatment, and had the satisfaction of completely restoring the limb, the atrophied muscle gradually resuming its former size and vigour.

CASE 3.—The next case was Mr. G——, the head of a great engineering firm, who had been thrown from his horse, alighting on his right shoulder. He first came to me six months after the accident, and could then flex the forearm to a right angle only, could write with difficulty, and could not put his hand behind him at all. The deltoid was atrophied; there was no pain. This case was cured in a week by circumduction, all movements of the limb being restored perfectly.

CASE 4.—This case was a most unpromising one. Miss W——, aged sixteen, was at boarding-school, and her right arm had for ten years hung useless at her side. In length it was equal to the other, but all the muscles were wasted and flaccid. Circumduction was tried, with massage of all the muscles, the result being a gradual restoration of power in the course of four months.

CASE 5.—This case shows the result of continued pressure on the nerve, and is that of a nurse who for many years had been accustomed to carry a child on the left arm. The deltoid was wasted, she was rapidly losing power in the arm, and feared losing her occupation. Passive circumduction soon restored the power, and at the same time the natural contour of the shoulder returned.

CASE 6.—The most recent case of atrophy I have had was dismissed early in October, cured. J. W——, from Staffordshire, was loading hay in July last, and was on the top of the load, when the horse suddenly moved forward and the man fell heavily to the ground, breaking his left leg and dislocating his left shoulder. He was taken to a cottage hospital, the leg was set, and dislocation reduced. He remained in hospital over two months, and then came to Southport. Finding his left arm almost useless, and that he could not lift it from his side, he came to me. I saw that the deltoid was greatly wasted, and on inquiry found that whilst in hospital he lay almost constantly on his left side, resting many hours in the day on the elbow with the forearm in extreme flexion. The injury which caused the atrophy of the deltoid may have occurred simultaneously with the dislocation, or it may have been due to strangulation of the circumflex whilst lying in the position described. On making circumduction, I found great "locking" of the joint, but it was gradually overcome, requiring about a fortnight, during which time the deltoid, by means of massage, was greatly strengthened, and he was able to raise the limb to a right angle with the trunk. All movements are now fairly well performed, and exercise is all that is required for perfect restoration.

Though in some of my cases there was atrophy of other muscles, as well as of the deltoid, the wasting in such structures was of a later date than that of the deltoid, and evidently due to their enforced rest.

I will conclude with two cases, not of atrophy, but of injury likely to lead to that result.

In February, 1888, Mr. W. R—— called on me in great agony. He had just fallen downstairs, the blow being received by the left shoulder. I assisted him in taking off his coat &c., and soon found that there was no dislocation, though probably there was considerable injury to the circumflex nerve. After twenty minutes' circumduction—a most laborious procedure, for he weighed about 17st.—he was able to dress himself without assistance, though with some difficulty. A repetition of the treatment next day completed the cure. Had this case not been speedily relieved, atrophy of the deltoid would doubtless have supervened.

The following incident shows the value of prompt attention guided by a knowledge of the real injury that has taken place. Some years ago a niece of Archbishop T——, who was staying at my house, came down to breakfast one morning with her left arm absolutely useless. I was venturesome enough to promise that it should be restored in ten minutes, and at once put into use the experience gained from previous cases, with the result that the arm regained its full power within the time I had named. Left to itself, this case would probably have gone on to atrophy.

On several occasions I have been able in a few minutes to restore power to the arms of cricketers who have suddenly lost power in violently throwing up the ball, an incident common enough in the cricket field. It might be objected that in these cases the injury was to be attributed to partial dislocation of the head of the humerus on to the edge of the glenoid cavity, but if this were so should we not have had rigidity of the joint? There was none in my cases.

Southport.

A CASE OF DIFFUSE ABSCESS.

BY HAROLD SHAW, M.B. CAMB.,
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THE liability of overlooking during life recognisable physical signs, as well as that of overlooking abnormal appearances after death, unless the possibility of their existence is borne in mind, are both illustrated in the following case, which also throws some amount of light upon certain morbid conditions of the external parts of the larynx rarely seen.

William C——, aged twenty-six, was admitted into the Gloucester County Asylum in 1880, suffering from dementia associated with epilepsy. The fits had commenced shortly before this, and a week or so after a fall, in which he received some injury to the back of his head. From 1880 to 1888 the fits, few at first, gradually increased in number, till during the last year of his life he would have generally at least one a day for a period varying from one to three weeks; then for three or four days consecutively he would have four or five a day. While on admission he would talk fairly readily, with the increase in the number of fits came increasing dementia, so that latterly one could rarely get any answer at all from him; however, within a week of death he was heard to speak intelligibly, but hoarsely. He was impulsive, at times extremely violent on the very smallest provocation to all about him, and latterly of low propensities generally. The fits for the last year and a half of his life, during which he was more particularly under observation, gave no clue to any focal brain lesion, and the retina was not examined. Loss of consciousness was sudden and complete, apparently without the slightest warning; and the convulsions, tonic and clonic, followed their usual course, affecting both sides of the body equally and simultaneously, and were always violent. Combinations of the bromides had no effect upon the fits. From time to time, in the falls at the commencement of fits, he received various cuts and bruises, several of which gave rise to abscesses, which, although he was of strumous type, showed that he was especially liable to the formation of pus, as injuries received in fits usually heal with remarkable readiness. For some months before death there were extending from near the pomum Adami to about the angle of the lower jaw two diffuse, rather firm swellings, one on each side of the neck, without fluctuation, not red, and not much raised above the normal level of the skin there. On each of the days, Nov. 6th, 7th, and 8th, 1888, he had from three to five fits, and was physically prostrated by them to a dangerous extent. On Nov. 9th, at 8 A.M., his state was as follows: Unconscious; lips and extremities bluish; respirations in intermittent rhythmical groups, with pauses of about five seconds; in expiration, blowing froth from the mouth; pulse 100, weak; pupils equal, somewhat contracted, and not reacting to light; no paralysis; the tongue not swollen, but the mouth filled with an evil-smelling froth; no lung dulness, but numerous bubbling and whistling sounds in the larger bronchial tubes; temperature 101·4°. Air evidently passed the larynx freely, and there was no indication for tracheotomy. Despite respiratory stimulants, counter-irritation, and change of position, which last relieved him, he became more cyanosed, and died at 8.30 P.M.

Necropsy, fifteen hours after death.—The brain was normal, except that on the right side there was an old abscess involving the anterior half of the occipital lobe and some of the posterior part of the angular gyrus. The contents of the abscess were calcified into a gritty mass, with a cartilage-like wall about a quarter of an inch thick, with some hardening around. The abscess cavity, in shape irregularly spherical, with a diameter of about an inch, was in the white matter, but a considerable extent of grey matter was involved in the surrounding old inflammatory induration. The brain case showed no sign of old injury. The main substance of both lungs was fairly normal; but the pharynx, larynx, trachea, bronchi, and larger bronchial tubes contained a considerable quantity of frothy, very evil-smelling pus, which had gained entrance to the larynx from an ill-defined abscess cavity on the face of the right ala of the thyroid, and this cavity was continuous at one point across the middle line with a correspondingly ill-defined abscess cavity on the face of the left ala of the thyroid, which cavities would have been quite insufficient in size to contain the pus that had escaped. But the most interesting point was this: that extending in various directions—laterally, downwards, and even behind between the larynx and spinal muscles—were strata of connective tissue containing pus, so ill defined from and irregularly mixed up with the normal connective tissue around as to require considerable care in the determination of their extent. The swellings observed during life were due to chronic inflammation in the regions of the submaxillary glands, and contained a little pus. The epiglottis was puckered and contracted from old inflammation, but there was no new growth. On the anterior third of the right true vocal cord was a soft mucous tubercle, about a quarter of an inch long and one-eighth of an inch thick. The tissues about it were normal, and it had no appearance of malignancy.

Remarks.—The special point of interest in the necropsy was the fact that the pus-containing connective tissue around the larynx was so ill defined from and so little obviously unlike the surrounding normal connective tissue as to be with difficulty recognised, even when specially looked for, and its presence would have been in all probability completely overlooked had not that possibility been borne in mind. As to the epilepsy, the lesion, involving the grey matter of the anterior part of the occipital lobe, one of the cortical centres connected with sight, might or might not have caused during life some departure from normal vision, or possibly some visual aura before the fits, though this is apparently rare in organic disease of the brain; but, however that may have been, we are again reminded how supremely important it is (in view of the advance of cerebral physiology, and, following it, cerebral surgery) that the cases of all persons suffering from fits of any kind that have had a marked beginning should be investigated as soon and as carefully as possible, so that any subjective symptoms or objective signs which might lead to localisation, and possibly treatment, may be observed before they have become obscured in dementia or lost in general convulsion.

Gloucester.

HIP-JOINT DISEASE.

BY NOBLE SMITH, F.R.C.S. ED., L.R.C.P. LOND.,
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THE recent discussion at the Royal Medical and Chirurgical Society on excision of the hip-joint gives prominence to several very important points in the treatment of hip-joint disease, which I would tabulate as follows:—1. The performance of excision in advanced cases of disease. 2. Excision in the early stages. 3. Operative treatment other than excision.

1. The cases which formed the subject of the papers read at the above Society show what good immediate results may be attained by excision in the hands of skilful surgeons. As to the desirability of such an operation when *all other measures have been efficiently applied and have failed to stop the local disease*, there is probably not much, if any, doubt, and especially in cases where a sequestrum of necrosed bone exists. The question, to my mind, hinges rather upon what that *efficient application of other measures* consists in. Because a patient is encompassed with an elaborate apparatus, that is no proof that the joint is properly fixed, and without absolute fixation the treatment by rest is not being properly carried out. Mr. Barker said that in his case "the disease had been treated by every means at his disposal for a year before the operation was done. *The boy had the best Thomas's splints which could be secured for money.*" I do not mean to assume that Mr. Barker failed to apply the splints to the best advantage; but the sentence which I have italicised seems to throw much emphasis upon the cost, in place of urging that the relief of pain by careful adaptation of the instrument was the point chiefly aimed at. It would be interesting to know in all such cases the immediate effect of the apparatus in relieving pain, and the subsequent history of this symptom or its absence; for while pain exists it may be taken as certain that rest is not perfect. The ultimate results of excision seem not much, if any, better than ankylosis after prolonged rest, and the indication for this operation would thus still seem to be that which was arrived at by the Clinical Society in 1880,

Whatever brilliancy attaches to the operations recorded by Messrs. Barker and Pollard, and doubtless great credit is due to them for the immediate results obtained, one cannot deny the truth of the remark of Mr. Bryant that in these cases "the ultimate results of the operation have yet to be seen."

2. As to the question regarding the expediency of excision in the early stages, here a point is involved of probably far greater importance. Mr. Croft was the exponent of this principle of operation, and, if I understand it rightly, this principle is founded on the following hypothesis: that hip-joint disease (commonly so-called) is a tubercular affection, and that the object of early excision is "the ridding of the patient of the focus of tuberculisation as rapidly and completely as possible." I would ask, Has it yet been proved that every case of hip-joint disease is the result of tubercular deposit? Or, if we admit that the majority of such cases are tubercular, are we able to distinguish to a certainty, during the early stages, the tubercular from the non-tubercular? and if we cannot make this distinction, should we excise every joint that is affected, with the certainty, in at least some instances, of effecting an unnecessary mutilation? But even as regards those instances in which tubercle has an undoubted place, are we to assume that excision is the only means of cure? or are we even to assume that it is the only way of interfering with the general infection of the system? The experience of those surgeons who have adopted the plan of *rest* thoroughly carried out tends, I believe, to show that general tuberculosis does not necessarily follow tubercular disease of a joint, while the evidence of the exponents of early excision is not altogether satisfactory. Mr. Croft referred to 15 per cent. of deaths, and he further made this statement: "He could assure Mr. Hulke that, with one exception, the cases of death were *due to tubercular disease some time after the operation, and not as a consequence of it.*" Then, in these instances at least, the "ridding of the patient of the focus of tuberculisation" had failed, and it has yet to be shown that such a mortality is less than that which follows other plans of treatment. Mr. Wright, who is a strong supporter of excision, and who believes that this operation is of great importance for the purpose of removing entirely the tuberculous material, yet believes that "the vast majority of cases, if taken in time, can be cured without any operation whatever." And this probably expresses the views of the majority of surgeons who have had much to do with this disease.

3. With regard to other operative treatment, while the major operation of excision has been freely discussed, a less formidable surgical procedure has not, I think, received the attention which it deserves. I do not refer to scraping the joint, as between that operation and excision the question is one chiefly of degree. The procedure to which I would draw further attention is *bone drilling* in the neighbourhood of the diseased joint. I have myself met with most satisfactory results from piercing the trochanter with one-tenth of an inch and one-eighth of an inch drills, two openings made at about an inch and a half apart being followed by rapid cessation of pain (upon slight movements), heat, and swelling. I will reserve details of my own experience for another occasion, but here wish to allude to previous work in this direction. So long ago as 1867, Dr. Kirkpatrick, of Dublin, advocated bone drainage by perforating the bone and freely applying potassa c. calcis along the tract of the wound, both of the soft and osseous structures. Mr. Greig Smith in 1881 also supported the plan of bone and joint drainage. Sir William Stokes in 1886 read a paper before the Academy of Medicine in Ireland in which he urged the benefit of Dr. Kirkpatrick's method, giving details of three cases in which this course had been followed by gratifying results. Mr. Thornley Stoker on the same occasion advocated trephining the bone, avoiding the use of caustic, and he also referred to cases successfully treated. It seems strange that no mention was made of this procedure at the Medical and Chirurgical Society, either in support or in condemnation of it. As far as my experience is concerned, *drilling* has produced an almost immediate and permanent benefit, and I am encouraged to believe that, in conjunction with *absolute fixation* of the joint (no easy matter), it is an operation which should be performed without delay in every case where, after the result of fixation is determined, the joint is painful upon gentle pressure. If the parts are also hot to the hand and visibly swollen, the need is greater, and the good result will be more marked. The plan I have pursued consists in puncture with a scalpel to the bone, division of the periosteum for one-third or half an inch, drilling for half an inch or more into the bone, and syringing out the parts with a solution of carbolic acid (1 in 40). The subsequent treatment of the wound must depend upon the condition of the parts involved, but in sufficiently early cases the wound may be closed at once, and may be healed up in a few days.

Queen Anne-street, W.

CASE OF

PARTURITION WITH COMPLICATIONS.

BY C. ARTHUR ARNOLD, M.B., C.M. ABER.

MRS. J——, aged thirty-one; primipara. Labour pains began at 9 A.M. on May 31st last. I was unable to call at the patient's house until 12.30 P.M., and then found only slight pains. As the bowels had not acted for some time, I ordered an enema. I returned at 2.30 P.M., and on vaginal examination found L. O. P. presentation and the os only slightly dilated. I again called at 6.30 P.M. At 8.30 P.M. the patient retired to bed, as the pains were more frequent and of longer duration. At 9 P.M. the membranes ruptured. On examination at 9.30 P.M., the head was found engaged beneath the arch of the pubis. Here it seemed to meet with some obstruction, as, although the pains were very strong, frequent, and of long duration, the head neither advanced nor retired. I tried for some time to assist delivery by digital manipulation, but failed. At 10 P.M. vomiting set in. Towards midnight the pains seemed to lose their force; they would begin very strongly, but soon die away. At 12.30 A.M. on June 1st, as the patient was very exhausted, I ordered her a wineglassful of whisky-and-water, and then gave chloroform. As soon as my patient was unconscious I introduced the forceps. The introduction was easy, there being room at the sides of the fœtal head for my forefinger to pass between it and the maternal bones; but I could not succeed in pushing up the head. I tried steady traction in the axis of egress, but failed. At last, by means of two fingers in the rectum, I pushed up the forehead, and then by traction the head was delivered. The rest of the delivery was very easy. To my dismay, with the cord came a loop of intestine. As soon as I had severed the umbilical cord, I found a large rent posteriorly where the vagina and cervix join, on the right side and to the back. The placenta was adherent, and required to be shelled from the uterine wall. The uterus contracted well and remained so, but of course there was much hæmorrhage. I carefully washed and cleansed the loop of gut with a solution of permanganate of potash and carbolised water, and returned it. At 2 A.M. I obtained the assistance of Dr. von Junglemann, of H.M.S. *Constance*. After consultation, we decided not to suture the rent. We again thoroughly washed out the vagina with a 2 per cent. solution of perchloride of mercury, and firmly plugged the vagina with cotton-wool tampons powdered with iodol. A dose of tincture of opium, liquor ergotæ, and whisky was then given. The patient was sleepy and tired, with a pulse of 100. At 3.30 A.M. another dose of opium was given, and, as the patient complained of thirst, a little iced milk and soda-water. As Dr. von Junglemann kindly offered to remain with the patient, I went home. At 8.30 A.M. I saw the patient. She had slept a little. Being still very thirsty, she was allowed some cold tea, also milk and soda-water. I removed the tampons, and washed out the vagina with the perchloride of mercury solution. There was a fair amount of hæmorrhage. Again the vagina was plugged. Temperature 100°; pulse 100. At noon the patient complained of pain radiating from the umbilicus to the pelvis, and down the thighs. An opium mixture was therefore ordered. At 8.45 the abdomen was very distended. As no urine had been passed for more than thirty-two hours, I passed a catheter into the bladder, but found no urine. The patient was allowed to lie on her left side. The tampons were removed and the vagina washed out, and afterwards fresh plugs inserted. Temperature 100·4°; pulse 96. On June 2nd I saw the patient again a little before 9 A.M., and found that she had slept fairly well during the night. I again passed a catheter, and this time drew off ten ounces of urine. Temperature 100·4°; pulse 84. At noon twenty ounces of urine

were drawn off. At 9.30 P.M. there was much flatus in the bowels, which distressed the patient. The urine was again drawn off. Temperature 101·4°; pulse 90. On the 3rd the tampons were obliged to be removed, as the lochia were offensive. The patient was also carried to another room, the mattress on which she lay being stained with very offensive discharge. Frequent washing out of the vagina with the perchloride of mercury solution was ordered. She had slight headache, and pain down the right leg. The temperature never rose above 102°, or the pulse above 100 beats per minute. On the 6th a small dose of castor-oil was given, with great benefit. The patient went on well, and was gaining strength, till June 10th, when I was hurriedly called in, and found the temperature 103° and the pulse 120. On examination I diagnosed an attack of perimetritis. This lasted for three weeks, but there was never any sign of general peritonitis. On Oct. 1st I vaccinated the baby, and the patient was in perfect health.

Nagasaki, Japan.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SUPPURATION OF THE ANTRUM, SECONDARY TO CARIES OF A TEMPORARY CANINE TOOTH.

BY R. DENISON PEDLEY, F.R.C.S. ED. (EXAM.), L.D.S.,
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ON May 7th Minnie ——, aged eight years, was brought to the Evelina Hospital by her mother, who gave the following history. She had suffered from inflammation of the lungs once, and three years ago she had measles, since which there had been a continuous discharge from both ears. The present illness commenced five weeks previously with aching and swelling of the cheek. A doctor was consulted, who removed a tooth, and some matter came away from the socket at the time. A week later a lump was noticed below the left eye. The face being swollen and very red, hot fomentations were applied.

The patient was seen to be a well-nourished child, with fair hair and blue eyes, complaining of severe pain in the cheek. On examination, the face was considerably swollen on the left side, involving mostly the cheek, which was red and brawny. There was a fluctuating swelling below and external to the inner canthus of the left eye, and at its summit there was a thick yellow crust, from beneath which pus was oozing. The crust being removed, examination with a probe showed that this was in connexion with the antral cavity. On inspection of the mouth, a scarcely healed wound was seen between the temporary lateral incisor and molar teeth, showing clearly that the temporary canine tooth had been removed. The hard palate on the affected side was quite normal, but viewed from outside the anterior wall of the left antrum was more prominent than the right. No fluctuation could be obtained through the antral wall. The child was placed under chloroform, and with an ordinary gimlet, previously rendered aseptic, the orifice through the canine socket was enlarged. The developing permanent canine, which was above and in front of the opening, and lying quite loose, was removed. A probe was then thrust into the antrum, and out on to the cheek. The cavity of the antrum was carefully explored at the same time, the walls appearing healthy, except anteriorly. The sinus on the cheek was dressed with boracic ointment, and a pad placed over it. The antrum was syringed out with warm boracic lotion through the perforation in the jaw. The mother was then directed to syringe it frequently with this lotion. On June 4th the sinus on the cheek was found to be quite healed. By the 18th the wound in the mouth had closed up, and for some days it had been found impossible to introduce the nozzle of the syringe.

Remarks.—Collection of pus in the antrum in childhood is of rare occurrence. Owing to its small size the roots of the temporary teeth lie well outside its walls, which are comparatively thick; and when suppuration takes place round the fang of any tooth a ready exit is found through the porous alveolar ridge into the mouth. In this case the pus from an alveolar abscess at the root of a canine tooth had burrowed deeply beneath the permanent canine, and, finding its way into the antrum, had probably pushed the mucous lining before it (there was no discharge from the nose), and then pointed through the anterior wall and out through the cheek.

Railway Approach, London Bridge, S.E.

A REMARKABLE CASE.

BY CHAS. D. ROE, L.R.C.P., L.R.C.S. ED.

AT 6 A.M. on Nov. 13th last I was called to attend Mrs. C—— in her second confinement. She informed me that the pains had commenced at midnight and were very cramped in character; they were then recurring at intervals of about seven minutes. On examination, I found the os dilated to about the size of a shilling, and the presenting vertex almost out of reach of the examining finger. Visiting her at intervals up to 3 o'clock in the afternoon, I found matters much the same, excepting that the os was slowly dilating. Upon its being fully dilated at 3.30 P.M. I ruptured the membranes. The force and frequency of the pains then increased, but the presenting part did not advance. On making firm pressure on the uterus during a pain, the head suddenly advanced into the cavity of the pelvis, and the

child was shortly afterwards born. I was greatly surprised to find the following remarkable and unusual malformation present. (See engraving.) The child (a male) appeared to be of full or nearly full term, thirteen inches and a half in length, and with an opening in the abdominal walls extending from the epigastrium to the left iliac fossa, through which the abdominal viscera protruded. At the upper part of this opening the liver protruded to the extent of about two inches, to the left of which could be seen the stomach, pancreas, and transverse colon. Above these there was a distinctly marked prominence occupying the superior portion of the epigastrium, but covered with thin integument; this, as could be plainly seen by its pulsations, was the heart (the heart continued to pulsate for about thirty minutes after birth). Below the above-mentioned abdominal viscera were the remaining portions of the intestines, but protruding to a lesser extent than the liver. The entire viscera were only covered by a sac of peritoneum. On subsequent examination, the diaphragm was found to be entirely absent, the heart and lungs being separated from the superior abdominal viscera by the pericardium and pleura respectively. The anus, which was only slightly marked, was about one-sixth of an inch to the right side of the mesial line, and was imperforate. I found the testes external to the scrotum.

The glans, which was surrounded by a fleshy mass, was the only recognisable portion of the penis. The body of the infant was curved to the right. The measurement between the axilla and the crest of the ilium on the right side was but one inch, while that on the left was three inches and a half. When born, the arms were found folded across the chest and the legs flexed on the right side of the abdomen. The placenta, which was healthy, came away with the child, the funis measuring but two inches and a half. The mother and father are both healthy.

The condition of the infant at birth has caused considerable conjecture in the neighbourhood as to whether the malformation could be ascribed to maternal impression consequent on the Whitechapel murders. I should be glad to hear of any case analogous to this, as I am unable to find any record of such.

Bow, E.

FRACTURE OF THE OLECRANON TREATED BY ASPIRATION.

By F. W. JOLLYE, M.R.C.S., L.R.C.P.L.

IN Mr. C. Heath's clinical lecture on Fracture of the Lower Extremity he condemns putting up a fracture of the olecranon in the extended position, owing to a subsequent liability to stiffness in this position. As he does not mention aspiration of the elbow-joint, and I find no mention of it in any of the well-known books of surgery within my reach, the following case might induce others to try the same treatment as I did, and with equally good results. As this is the only case of the kind I have had under my care during the last year, of course I cannot say in what percentage of cases we might hope for similar success.

A boy, aged nineteen, fell through a trap-door a distance of twelve feet, coming down on his right elbow on a brick floor. I saw him about fifteen minutes afterwards, and found a transverse fracture of the olecranon, with about three-quarters of an inch separation of the fragments, and the joint distended and bruised. I immediately aspirated the joint by introducing the needle between the two fragments, and drew off between two and three drachms of nearly pure blood. I covered the wound with a piece of blue wool, and surrounded the joint and the arm below and above it with a thick layer of absorbent wool, putting an extra quantity at the bend of the elbow to prevent full extension on applying the straight splint in front. The arm and elbow were then firmly bandaged to the splint in the usual way. I may say that the fragments came into apposition after the aspiration. He was kept in bed with his arm lying on a pillow for three weeks, and when it was examined at the end of that time the fragments were united by a ridge of callus, and he could bear slight flexion without pain. The arm was left straight for another ten days, when a sling round the neck was substituted and his elbow flexed. For the next ten days the joint was passively flexed every day, and when shown at a medical meeting at the end of the seventh week there was firm bony union, a ring of callus marking the seat of fracture; he had perfect movement, and went to work in a warehouse in another week.

I am quite aware that due allowance must be made for the rest in bed in this case, as I have seen a case treated in bed without aspiration recover with firm bony union, but with stiffness that lasted very much longer than in this one; and if aspiration overcomes this difficulty—and aspiration with an aseptic needle cannot possibly do any harm—a great point will be gained. Mr. Heath says: "An elbow-joint which has a fractured olecranon is certainly liable to inflammation; there is always effusion in it." And as it is well known that tension is the chief cause of inflammation, and inflammation the cause of subsequent stiffness, it follows that aspiration, followed by firm elastic pressure and perfect rest, will give us the greatest chance of a movable joint with firm bony union, and three weeks in bed is well spent if we can make sure of the latter in the greater number of the cases so treated.

Warminster.

DUNDEE MEDICAL SCHOOL.—At the last meeting of the City Council it was agreed to give a donation of £500 to further the equipment of the medical school in connexion with University College.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF ACUTE NEPHRITIS, ASSOCIATED WITH SUPPURATIVE PHLEBITIS OF THE LIVER, WITH GALL-STONES, AND WITH ULCERATION OF THE LARGE INTESTINES; REMARKS.

(Under the care of Dr. NORMAN DALTON.)

CASES such as the following afford great difficulty in diagnosis, from the variety of symptoms which present themselves and the impossibility of obtaining any history as to their duration or mode of onset. There can be no doubt that this patient died from a pyæmic condition, and it is probable the ulceration of the large intestine found post mortem was the starting-point for this disease. Other examples of this condition are on record, and it is possible that some of the cases of pyæmia described in the past as idiopathic were due to such a lesion, overlooked in an imperfect examination. Murchison[1] described cases in which a pyæmic hepatitis was found to be associated with ulcer in the gastro-intestinal tract; in one, a man aged fifty-one died with multiple abscesses of the liver, secondary to a simple abscess of the stomach; in another, a boy aged fifteen died from pyæmic hepatitis, the cause for which appeared to be an ulcer in the vermiform appendix. A case is also described by him in which pyæmic hepatitis with thrombosis of a femoral vein, secondary to ulceration and perforation of the cystic duct, was characterised by the absence of fever; and one in which there was only slight perspiration during sleep, and no rigors, where the disease was dependent on cancerous ulcers of the stomach. Whipham[2] brought forward a case in which a perforating ulcer of the sigmoid flexure, associated with an abscess secondary to the perforation, caused pyæmia in a man aged fifty; it was the size of a shilling, with edges rounded and slightly raised, the mucous membrane being more extensively destroyed than the serous and muscular coats; he referred to similar ulcers shown in the museum at Guy's Hospital. In the present instance the ulceration of the large intestine is considered by Dr. Dalton to have been due to dysentery; there is no history to show in what way this may have been contracted. Syphilitic ulcers have not been recognised in the alimentary tract, excepting at its commencement and ending. Typhoid ulcers have been met with as low as the rectum.[3] Tubercular ulcers are occasionally found in the colon,[4] whilst cancerous ulceration is not uncommon. Goodhart[5] described the case of a girl aged seventeen, where several ulcers were found in the lower part of the large intestine and rectum, of (?) stercoral origin. Oliver[6] published a case of acute perforating ulcers of the colon. Dickinson speaks of "albuminuric" ulceration of the bowel.[7] Hale White has described a condition of colon which he calls "ulcerative colitis,"[8] and Acland[9] describes a form of ulceration which he has met with in two cases of paraplegia. The perforating ulcer similar to that found in the duodenum has been frequently met with. Probably one of the best chapters on this subject which we possess is that by Bristowe,[10] in which he arranges those not due to typhoid, tubercle, syphilis, cancer, or dysentery under five headings. 1. Those due to simple inflammation the result of mechanical irritation or intestinal secretions. 2. Connected with the formation of a membranous pellicle, an exudation which extends into

[1] Diseases of the Liver.
[2] Pathological Society's Transactions, vol. xviii., p. 104.
[3] Coupland, Trans. Path. Soc., vol. xxxv., p. 208. West, ibid, vol. xxxiv., p. 114. Curnow, ibid., p. 116.
[4] Ibid., vol. xxxv., p. 211. [5] THE LANCET, vol. ii. 1880, p. 895.
[6] Ibid., vol. i. 1885, p. 424.
[7] Ibid., vol. xxi., p. 117. Croonian Lectures, 1876.
[8] Guy's Hospital Reports, 1888. [9] Trans. Path. Soc., vol. xxxvi.
[10] Theory and Practice of Medicine.

the follicles of Lieberkuhn. 3. Originating in foci of submucous suppuration or in patches of deep-seated sloughing. 4. Due to the formation and detachment of a superficial slough, which may arise from sudden arterial occlusion. 5. Due to the formation of extensive superficial sloughs, which leave large ulcers. "Very often, and much oftener in the large than in the small intestine, many ulcers are present at the same time and tend to increase in number," &c. The following notes are by Mr. H. P. Ward, late house physician.

G. M——, aged fifty, was admitted into King's College Hospital on Aug. 4th, 1888 (where he came under the care of Dr. Dalton, who was in charge of Dr. Curnow's beds), in a semi-conscious condition, and with a subnormal temperature. The tongue was dry and brown, and he had a good deal of dyspnœa, although there was only a little crepitation at the bases of the lungs. Slight general anasarca was present. The urine was very scanty, and contained a large quantity of albumen and blood, with casts of blood-corpuscles and granular casts. His mind was very obscured, but he was understood to say that he had never had scarlet fever, and that until the last few years he had drunk spirits to excess. He was clearly suffering from acute nephritis, and apparently from uræmia in consequence. The cause was doubtful. His age, and the absence of any exciting cause (so far as could be learnt), made it probable that the acute attack had supervened on a chronic nephritis, but the complete absence of cardio-vascular and retinal changes was against this view. He was treated for the kidney affection in the usual way. On the 5th the temperature rose to 100·6° (its highest point), and for the next three days it varied from 98·8° to 100·2°. On the 9th it became evident that his symptoms could not be explained by the nephritis alone, for the condition of the urine improved remarkably, while the cerebral symptoms became worse. The quantity of urine passed per diem increased from a few drachms to eight ounces, the blood disappeared completely, and the albumen was reduced to a trace. But, on the other hand, the delirium became more marked, the tongue and hands became tremulous, and he suffered from urgent dyspnœa, without any change in the physical signs in the lungs. He vomited from time to time, slight jaundice appeared (the stools remaining bile-stained), and the right hypochondrium became tender. The liver dulness was distinctly less than normal. His symptoms became steadily worse, and he died on the 15th, the temperature having been subnormal for the previous five days.

At the necropsy the liver was found to be slightly enlarged. In it there were several small cysts, which were filled with a thick bile-stained fluid. The bile-ducts were dilated and full of the same kind of fluid. But, in addition, numerous channels of pus (not bile-stained) were present throughout the organ, and these, when traced, were found to be branches of the portal vein, in which there was a soft crumbling thrombus. In the gall-bladder were four or five gall-stones, and the common bile-duct admitted the little finger, even through its orifice in the duodenum. There were no ulcers in the duct or in the duodenum, but in the sigmoid flexure there were three or four partially healed ulcers, around which there was increased vascularity and considerable fibroid thickening. The cortex of the kidney was slightly enlarged, and in it there were a few small soft white nodules, such as one sees in the early stage of a surgical kidney. Microscopically, these nodules were found to be masses of leucocytes, and both the glomeruli and the tubules showed slight but distinct evidences of acute nephritis, but no chronic changes. There were no plugs of micrococci in the capillaries of the sections examined, but here and there some not very characteristic groups of these organisms might be seen. The other organs were practically normal.

Remarks by Dr. DALTON.—The case was an unusually complicated one, and was made additionally so by the absence of a history. The gall-stones and their effects (dilated ducts and cysts) were clearly of old date, and have no bearing on the case. The position of the intestinal ulcers and the great thickening round them suggest that they were dysenteric ulcers in process of healing. Their presence explains the suppurating thrombus in the portal vein and the channels of pus formed by its branches in the liver. The cause of the nephritis may have been simply septicæmia. If so, it is curious that the lungs and pleuræ, which were so much nearer to the centres of infection, should show none of the appearances usual in septicæmia. Microscopically, too, there was a very general inflammation of the glomeruli and tubules, with only a few softening masses of leucocytes, and micrococci were not very conspicuous. It is therefore quite likely that there may have been another factor in the causation—namely, the functional derangement of the liver induced by the serious lesions of that organ. Such a derangement is said to lead to the accumulation within the blood of matters (the intermediate products between albuminoids and urea) that are highly irritating to the kidney, and consequently it has often been quoted as a cause of nephritis. If the kidneys were irritated in this way, it is, at the least, possible to understand why they should suffer from the septicæmia at an earlier date than the lungs or spleen. In the present case the quantity of urine passed per diem was diminished to about one-fifth of the normal, but the affection of the kidney alone might account for this; and no crystals of leucin or tyrosin were found in the urine. As regards the diagnosis of the hepatic affection, with a subnormal temperature, a diminution of liver dulness, and the absence of a history, it was practically impossible to diagnose a thrombus in the portal vein. There is a note to the effect that the breath was sweetish rather than ammoniacal; there was no glycosuria, so this was probably the odour that has been noticed in pyæmia. The clinical account of the whole case reads like a description of acute yellow atrophy of the liver, except that the urine was not quite typical; and on page 305 of the new edition of Murchison's book there are the notes of a case of the latter disease which resembles this one very closely, even in the post-mortem appearances. Nevertheless, in the case I have here described the substance of the liver between the channels of pus was normal.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

SIX CASES OF EMPYEMA TREATED BY RESECTION OF RIB AND THE INJECTION OF IODOFORM EMULSION; HEALING OF ALL THE CASES WITHIN SIXTEEN DAYS.

THE following cases of empyema, of which we publish short notes by Mr. Blake, are certainly examples of rapid recovery after the operation for that disease. We bring them forward on account of the employment of the iodoform emulsion in each, but it is a question as to whether the emulsion worked so as to effect a quicker cure or whether equally satisfactory results might not have been obtained in the series by an early removal of the tube, similar care having been taken in other matters. It is not very unusual to get rapid healing in children after this operation, and we must suspend our opinion as to the value of the emulsion until a more prolonged trial has been made. It is to be regretted that no post-mortem record can be furnished in the fatal case. For the account of the cases we are indebted to Mr. William A. Blake, house surgeon.

CASE 1. (Under the care of Dr. Pasteur.)—Ernest P——, aged six years. Admitted on Oct. 9th; discharged on Nov. 7th; twenty-seven days in hospital after operation. His illness dated from Sept. 29th.—Oct. 12th: Three-quarters of an inch of the eight rib resected, and about five ounces of pus evacuated, with shreds of purulent semi-organised lymph. The surfaces of the pleura were sharp-spooned, and four ounces of iodoform emulsion injected, of which three ounces were allowed to run out. The wound was dressed the same night, and every day for four days.—16th (fourth day): Tube shortened. Temperature last night 102·8°.—17th: Temperature 103·2°, after which it fell to normal.—23rd (eleventh day): Tube left out.—26th: No communication between pleural cavity and external air; superficial wound dressed with red wash. Weight on admission, 32lb.; on discharge, 32¼lb.

CASE 2. (Under the care of Dr. Armand Semple.)—Ellen S——, aged two years. Admitted on Nov. 8th; discharged on Dec. 7th; stay after operation twenty-two days. The illness dated from an accident fourteen days before admission. Diagnosis: pyo-pneumothorax. — Nov. 15th: Three-quarters of an inch of the seventh rib resected, and ten ounces of sweet pus evacuated; details as in last operation. Wound dressed the same evening. Tube shortened on the third, fifth, and seventh days.—23rd (ninth day): Tube left out.—26th: Wound healed; superficial granulating wound dressed with red wash.

CASE 3. (Under the care of Dr. Charlewood Turner.)—Sarah H——, aged ten years. Admitted on Nov. 12th;

discharged on Dec. 12th; stay after operation twenty-five days. The patient's illness dated from three weeks previous to admission. Diagnosis: pyo-pneumothorax (?).—Nov. 17th: Three-quarters of an inch of the eighth rib excised, and eleven ounces of extremely fetid pus evacuated. Pleura treated in exactly the same way as before.—18th: Very little watery discharge; not offensive.—20th: Tube shortened on the fourth day.—24th: Tube left out on the eighth day.—30th: Wound healed on the fourteenth day. The temperature throughout was normal. Weight on admission, 49 lb.; on discharge, 54 lb.

CASE 4. (Also under the care of Dr. Turner.)—Eliz. W——, aged two years and a half. Admitted on Nov. 19th; died on Dec. 15th. Ill six weeks before admission.—Nov. 20th. Portion of the eighth rib on the left side resected, and three ounces of pus evacuated. Operation the same as before. Temperature for next three days normal.—22nd: Tube shortened.—23rd: Temperature has reached 102·6°.—28th: The temperature has been down since last note. Tube left out on the ninth day.—Dec. 1st: Temperature still normal. Wound healed on the twelfth day.—2nd: Temperature rose suddenly to 102·8°. Well-marked signs of broncho-pneumonia in left lung. The child gradually sank and died.

CASE 5. (Under the care of Dr. Pasteur.)—Mary A. D——, aged a year and nine months. Admitted on Nov. 28th; in hospital at the present time.—Nov. 29th. Rib resected, and six ounces of pus let out; details as before; pus very fetid.—30th. Watery and almost odourless discharge. The temperature came down to normal and remained so.—Dec. 6th. The tube was shortened on the third and eighth days.—8th. Tube left out on the tenth day.—12th. Wound healed on the fourteenth day. The child is gaining weight slowly.

CASE 6. (Also under the care of Dr. Pasteur.)—A. B——, aged five years and eleven months. Admitted on Nov. 20th; discharged on Dec. 21st; stay in hospital twenty-nine days.—Nov. 22nd: Portion of seventh rib resected, and nine ounces of pus evacuated; details the same. The temperature came down to normal after operation and remained so till the 30th, when for a week it fluctuated between 98° and 103°, and then returned to normal; this rise was thought to be due to iodoform.—26th: Tube shortened on the eighth day.—30th: Tube left out on the ninth day.—Dec. 3rd: Wound healed on the twelfth day.

Remarks by Mr. BLAKE.—For permission to publish these cases I am indebted to the kindness of the medical staff of the above hospital. These are the last six empyemata that have been treated in the hospital, and are not selected cases. All were treated in precisely the same manner—viz., a portion of rib was excised, the fluid pus allowed to run out, the flaky semi-organised lymph removed with a sharp spoon, and finally four ounces of iodoform emulsion injected into the pleural cavity, three ounces of which were allowed to run out. That the iodoform emulsion materially hastened the healing process there can be little doubt, for in all cases except one the drainage tube was left out on the ninth day (on the twelfth in the exceptional case), the wound healing—that is, the communication between the pleural cavity and the external air being shut off—from the twelfth to the sixteenth day.

RUGBY HOSPITAL.

A COMPLICATED AND FATAL CASE OF PERNICIOUS ANÆMIA; NECROPSY; REMARKS.

(Under the care of Dr. CLEMENT DUKES.)

WE reviewed the more recent literature and treatment of pernicious anæmia in our editorial remarks (see page 75) on a case which was cured by the administration of arsenic. This in an example of the disease in which that drug did not prove a specific, although carefully administered. It is not unusual to find effusions of fluid in the serous cavities, and the absence of any coarse naked-eye lesion is characteristic of the disease. There are few maladies which present so much difficulty in diagnosis, and the physician, knowing the fact that an appearance similar to that of pernicious anæmia is occasionally found in association with malignant disease, changes in the gastric mucous membrane, the presence of intestinal worms, &c., is usually very cautious in expressing an opinion as to the nature of the case in which some of these may be present, though concealed.

T. B——, aged thirty-one, was admitted on Dec. 10th, 1888. He appeared seriously ill, and was said to have been ailing for the last three years. He and his family had been in an almost destitute condition owing to his feebleness in health, which prevented him from working sufficiently to support them. He had been at work until five weeks previously. He was sent into the hospital with a history of having been laid up with rheumatic fever during five weeks. This may have been so, but there was no evidence of it on admission beyond some amount of aching all down the left side, which pained him when he moved in bed. There were no physical signs detected of any disease in his circulatory or respiratory systems, but he was exceedingly pale and white in his complexion. Pulse 120 and regular; temperature 101°; tongue dry and brown; bowels constipated; urine free from albumen.

On Dec. 12th Dr. Dukes failed to discover any further physical signs. Mentally the man was very dull, heavy, and torpid by day; while at night he was restless, sleepless, and wandered when between sleeping and waking. He was evidently very ill. Arsenic every three hours was prescribed on account of his great pallor. On Dec. 15th well-marked recent pleurisy on both sides of the chest was detected, but there was no cough. His abdomen was full, firm, and doughy. Dr. Dukes thought that it was going to prove a case of acute general tuberculosis. On the 17th the patient passed by the bowels a large steel screw; the length of it was an inch and three-quarters, and the diameter of the head three-eighths of an inch. He had no knowledge as to how it found its way into his intestines. His tongue was coated with a hard, dry, brown fur. The temperature averaged 101° and the pulse 120. There was a low muttering delirium and a general muscular twitching all over his body, which became more prevalent during sleep. The urine was quite free from albumen. He had had no rigor. On most days he had vomited once. He was still constipated. He took his liquid nourishment well. The question arose as to whether this large screw could have in any way injured him so as to set up septicæmia. On Dec. 18th the pleurisy had become more diffused, and there was a loud mitral systolic murmur, audible chiefly at the apex. He was much worse. The pulse was fluttering, and the muscular twitching much more manifest. It now seemed as though infecting endocarditis was commencing, and causing septicæmia; the pallor also was increasing. Quinine was prescribed and the arsenic was increased. On the 20th there was still the mitral murmur, and the heart seemed all "bruit," there being no sounds over any of the valves that were not accompanied by loud murmurs. The pulse was very feeble, about 120; the temperature varied from 99·4° to 101.° The tongue was cleaner, but very pale. The muscular twitching was subsiding. He was gradually becoming more of a jaundice-yellow, but the sclerotics continued white and clear. On Jan. 1st, 1889, there was considerable epistaxis. After this date he gradually became weaker and more prostrate; his colour assumed the characteristic lemon-yellow hue of pernicious anæmia, and on Jan. 11th, he died exhausted, notwithstanding his gradually increasing doses of arsenic.

Dr. Dukes made a post-mortem examination, and found all the organs apparently healthy, though they were mostly white and flabby. The spleen was, perhaps, slightly enlarged, though healthy in appearance. The liver and kidneys were pale. The heart was large, white, and soft; the valves all healthy and competent. There was an excess of pericardial fluid. On the right side of the thorax the lung was adherent to the thorax throughout by recent adhesions; on the left there was considerable pleuritic fluid, without adhesions. The blood was everywhere fluid, not a particle of clot except a few fine shreds interlaced in the chordæ tendineæ. It was not only fluid, but a very dirty, watery-looking red, and very little resembled blood. It was evidently of a disintegrated nature.

Remarks by Dr. DUKES.—It seems to me that these cadaveric poisons generated in the intestinal tract, and described by Dr. Wm. Hunter, which are probably ptomaines, when generated slowly or in small quantity, are so capable of gradually disintegrating the blood as to give rise to the symptoms of pernicious anæmia; while when they are generated rapidly, or in large quantity, they so quickly destroy the blood as to cause purpura hæmorrhagica.

MEDICAL WOMEN IN RUSSIA.—It is announced in the daily press that the Russian Government has found it necessary to issue a regulation forbidding female medical practitioners to attend adults of the male sex. What has led to this order has not as yet transpired, but it is not improbable that some case of scandal may have occurred.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Actinomycosis Hominis.

AN ordinary meeting of this Society was held on Feb. 12th, Sir Edward Sieveking, President, in the chair.

A paper on a case of Actinomycosis Hominis was produced by Dr. R. DOUGLAS POWELL, Mr. R. J. GODLEE, and Mr. H. H. TAYLOR. A morphological report of the actinomyces fungus obtained from the case was submitted by Professor Edgar Crookshank. A boy aged nine was admitted into the Brompton Hospital for an insidious illness of four months' duration, attended with hectic symptoms, slight cough, and painful swellings on the right side of the chest. He was of somewhat tubercular family history, and the son of a dairyman. The symptoms present were irregular fever, emaciation, slight cough, attended with pain in the right chest. Physical signs: Enlargement of right side, with local swellings, elastic and painful in the infra-mammary and lower postero-axillary regions, displacement of heart, complete dulness over lower two-thirds of the right chest, with annulled respiration and vocal fremitus and weakened voice sounds; a short bruit over the base of the heart; liver and spleen normal; slight enlargement of the glands in the right axilla and neck. Exploration for empyema proved fruitless, and subsequent incision into the lower swelling, which had become fluctuating, with further exploration of the pleural sac, resulted in the removal of some semi-solid yellow matter mingled with blood, which on examination proved to be a degenerated tissue teeming with the ray fungus. The course of the disease was described. The naked-eye and microscopical appearances were fully illustrated, both in stained and unstained specimens. The supposed two varieties of the fungus met with in man were demonstrated to be one and the same, and the appearances of the fungus in man and cattle were compared. Pure cultivations of the fungus taken from the wounds were shown, and the results of inoculation experiments were given. Comments were made upon the clinical and pathological relations of the disease in the human subject, and upon the position which the actinomyces fungus must be regarded as holding amongst the parasitic micro-organisms.

Dr. JOHN HARLEY expressed his delight at seeing the elaborate and beautiful demonstration of the organism. The unprepared specimen was of interest to him, as it showed almost as well as the stained sections, and that the growth could be thus recognised was of great clinical value; for, if looked for under the microscope, it could scarcely be missed. The case he brought before the Society some time ago agreed in all particulars with that of Dr. Powell, only that he could not convince himself that the fungus was present. Might not this sinuous opaque growth in the liver be regarded as independent of the fungus? Was not the fungus itself an accretion upon the caseous material? In other words, was not the fungus the effect and not the cause? In autumn, leaves of coltsfoot would be found dotted over with crimson fungus; another adjacent leaf would have a black fungus, and this would only happen when the vitality of the leaf fell below a certain standard. Perhaps it was because the juice of the leaf was altered, and that this alteration allowed the fungus to grow. He thought the same thing might occur in the tissues, and the advent of the germ might be secondary to tissue disease.

Mr. EVE alluded to a paper on Actinomycosis he published in the *Practitioner* last May. A man aged sixty, a stableman, came to the hospital with an hepatic swelling, which was incised and much soft granulation tissue evacuated. He was treated for syphilis, but without avail. A year afterwards ascites developed and the man died, and at the necropsy hepatic actinomycosis was present. Microscopically it presented the ordinary appearances of the fungus, but inoculation of a rabbit's peritoneum failed to produce growths.

Dr. T. D. ACLAND, in referring to Dr. Harley's case, remarked that in the specimens he mounted, which were stained by ordinary methods, he failed to see the ring of unstained structures round the thread; he had since carefully re-examined them, but could not make them out. He thought it quite possible that when the disease was luxuriant the bimorphic character of the germ became more apparent, and it would sometimes take the one form and sometimes the other. He had submitted his specimens to both Koch and Israel, and they had not before seen anything like them. Then again, Gram's method of staining plainly demonstrated the presence of threads in man but not in cattle; in cattle the clubs would stain by any method, but in man they were most difficult to stain. Professor Crookshank had answered Dr. Harley's objection, for he had produced an identical disease in the calf by inoculation.

Dr. MARKHAM SKERRITT related a case under his care in the Bristol General Hospital in 1886, which agreed in most points with the one under discussion. A man aged twenty-eight, a house decorator, complained of ill-health six weeks before admission; then pain in the side developed, with signs of pleurisy, and when admitted the disease had already advanced to the second stage—that of migration from the lung. The patient had a tubercular family history, the father and brother having died of phthisis. Might not this tendency to the easy formation of granulation tissue make a man more susceptible to infection with actinomycosis? The disease extended down from the lung into the liver, the abscess there being traversed by characteristic bands of fibrous tissue. The lung became quiescent, and was transformed into a uniform mass of connective tissue. He showed the specimen at the Cardiff meeting of the British Medical Association, and remarked then that he considered the disease identical with that infecting cattle. He was sure that the affection would be found much commoner than was thought. He recently met an army surgeon who had seen several cases in India similar to his, and veterinarians had met with cases of "cancer with suppuration," which were probably identical with actinomycosis.

Sir DYCE DUCKWORTH had seen a case of actinomycosis of the skin many years ago, which was sent to the Margate Infirmary for scrofula, and recently a second case had been recognised there.

Mr. EVE said that the subsequent history of the second case alluded to by Sir Dyce Duckworth proved it to be lympho-sarcoma of the skin.

Dr. POWELL, in reply, regretted Mr. Eve's paper had not attracted his attention, but his was the first case in which actinomycosis of the lung had been diagnosed in this country during life.

Mr. GODLEE said, before the case was definitely recognised photographs had been taken to illustrate the amount of spinal curvature that could be produced by an empyema. The curve was now much exaggerated, and he suspected that this was to be accounted for by the fungus having attacked the bodies of the vertebræ. When he incised the growth he found it extremely vascular, and had he not plugged the wound the boy would have died of hæmorrhage. The great enlargement of superficial veins was to be noted, and this probably depended on pressure on the azygos system and on the caval veins.

Professor CROOKSHANK thought that if Dr. Harley's specimens had been examined and stained in the fresh state clubs would have been found. In Dr. Skerritt's case the presence of clubs was at first doubtful, but on re-examination the clubs were easily detected. The confirmation of the diagnosis in Mr. Eve's case had not yet been published. He was inclined to regard the actinomyces organism as polymorphic. In man the clubs would not stain well, but yet, when inoculated into the calf, cut sections from the latter showed the clubs beautifully. He was sure these cases were more numerous than had been thought, and had been frequently overlooked. It was one of the commonest diseases of cattle, occurring as "wens" and as lung disease, the latter having usually been mistaken for *Perlsucht*.

Dr. WETHERED when in Germany had examined pus in four cases of actinomycosis, and could only demonstrate the mycelium; the unstained clubs in his preparations had since been pointed out to him.

Professor CROOKSHANK gave a very complete demonstration of the microscopical characters of the fungus both from bovine and human sources, and the paper was fully illustrated by drawings of naked-eye and microscopical appearances, actual specimens of the affection in tongue, liver, and mesentery, and by several tubes of the cultivated organism.

CLINICAL SOCIETY OF LONDON.

Narcolepsy.—Hystero-epilepsy.—Raynaud's Disease.

AN ordinary meeting of this Society was held on Feb. 8th, Mr. Christopher Heath, President, being in the chair.

Dr. R. CATON related a case of Narcolepsy which occurred

in a man thirty-seven years of age, who was admitted to hospital on Jan. 12th, 1888, complaining of extreme drowsiness. The patient had been a very healthy man until his thirtieth year, when he became rapidly stout, and the drowsiness, which had troubled him more or less ever since, first came on. Unless in active exercise, the patient found it impossible to keep awake, and even when walking in the streets sleep had come on. During sound sleep a convulsive closure of the glottis occurred, during which entrance or exit of air was entirely suspended, and violent inspiratory and expiratory efforts were made. Respiration was suspended for a minute, or a minute and a half, or even longer, and the most marked cyanosis occurred; at length the spasm yielded, respiration was re-established, and the cyanosis disappeared. Attacks of this kind occurred at short intervals all night, and in the day also during sound sleep. During sleep considerable salivation occurred, none during the waking condition. The patient suffered from psoriasis, but was otherwise healthy. The symptoms were attributed to excess of poisonous extractives, leucomaines, or ptomaines in the blood. Salmi, Gautier, Bouchard, and others had demonstrated the existence of such bodies having narcotic, convulsant, and salivating action. Treatment consisted in the administration of naphthalin, iodoform, and charcoal, under which the asphyxiating spasms and the salivation entirely subsided, and the drowsiness decreased greatly.—The PRESIDENT wished to know whether the salivation referred to was merely the dribbling from the open mouth or an actual increase in the quantity of fluid secreted.—Dr. SAVILL quoted the case of a curate who complained that he could not keep awake whenever his rector preached; the sleepiness in this instance seemed to be due to a kind of lithæmia. Tonics and acids were administered, and the diet carefully regulated, with favourable results.—Dr. SIDNEY PHILLIPS inquired if there had been a history of syphilis.—Dr. HALE WHITE thought that most people who slept much gained in weight, and that obesity was generally accompanied by somnolence.—Dr. DE HAVILLAND HALL related the case of a very stout man who could not cure a habit of somnolence. Under treatment which consisted in reducing the alcohol consumed and the administration of hot water, he gained in weight and was able to resist the onset of drowsiness.—Dr. ARKLE quoted a case under Dr. Bastian's care at University College Hospital of a syphilitic man who resembled Dr. Caton's case in being almost always asleep and in having dribbling of saliva, but there were no signs of spasm of the glottis. Treatment produced no benefit, and at the necropsy nothing was found but thickened cerebral meninges and atrophied convolutions.—Dr. CATON replied that his case was unaccompanied by actual snoring, but there was absolute temporary closure of the glottis. There was not only dribbling of the saliva, but the flow was greatly increased. There was no history of syphilis.

Dr. SAVILL showed a case of Hystero-epilepsy with Persistent Contracture, Analgesia, and Anæsthesia, limited to the upper extremity, in a man aged twenty-nine, a hawker, who had had fits for five years. The contraction, which was very marked and involved all the muscles of the limb, had come on suddenly two years and a half previously, after a series of bad fits. There was some diminution of volume, but the electrical reactions were normal. There was an anæsthesia and analgesia in the defined limits occupying the whole arm and shoulder. The fits were of two sorts. One kind was truly epileptic in character. He had had one series of a severer kind while under observation, extending over sixteen days. Of these last he had from two to twenty per diem, and many of them presented four stages: epileptoid, convulsive, purposive acts, and delirium. There was marked contraction of the field of vision, but otherwise the eyes and other special senses were normal, and there was no paralysis elsewhere. The patient was emotional and melancholic, and had marked tenderness in both inguinal regions. The severe fits had been controlled by apomorphine, and the contracture had been treated with slight success by hypnotism. The anæthesia was interesting as not corresponding to the distribution of sensory nerves, and bounded by well-defined lines parallel to the segment of the limb (segmental). The diagnosis of hysteria rested on this feature, the clinical character and history of the contracture, the presence of hysterical stigmata, and the character of the fits.—Dr. HUGHES BENNETT commented on the rarity of such cases, which were sufficiently uncommon even in women. The term "functional disorder" was peculiarly applicable to them, but of course it did not imply that there was absence of organic lesions. Dr. Brown-Séquard had demonstrated that in animals peripheral injury was occasionally followed by epilepsy, and in human beings the same thing occurred. He had seen a man whose sciatic nerve was severely injured, in whom epileptiform attacks developed. They were associated at first with pain in the leg, and were followed by partial paralysis and anæsthesia, the effects being probably due to secondary irritation of the nerve centres. In the present instance a kind of explosion seemed to have occurred in the arm centres.—Dr. JUDSON BURY said that cases of hysteria following traumatism were often seen at the Manchester Infirmary, and in acute cases atrophy sometimes occurred. Lateral sclerosis undoubtedly sometimes followed this variety of contracture, and it was interesting to note that the area of distribution of the anæsthesia did not agree with the supply of any one nerve.—Dr. MYERS said the arm and fingers became much more supple under hypnotism, though the effect was only transitory. Post-hypnotic suggestion had been tried and failed.—Dr. FOX inquired whether the sexual element was well developed.—Dr. SAVILL, in reply, said that the masculine element was marked. He commented on the obscure pathology of such cases.

Dr. SAMUEL WEST communicated a case of Raynaud's Disease, associated with a peculiar eruption on the face, which was at first scaly and afterwards like erysipelas. The patient was a girl of seventeen, who came under observation for the facial affection. The fingers were observed to be purple, and on inquiry the affection turned out to be Raynaud's disease, the patient having suffered for about twelve months with recurrent attacks of blueness of the fingers and toes. There was nothing noteworthy in the patient's previous history or in her family history, save that her father occasionally suffered from coldness of fingers and toes in cold weather, which might be of a similar nature. The patient was admitted into hospital, and suffered from attacks of blueness of fingers and toes about twice a day for some time. The rash continued on the face. It consisted of a brawny desquamation upon an erythematous base covering both cheeks and nose. The general appearance was as if the patient had had the parts affected powdered over with starch or flour which had partly caked. The urine was normal, and there were no special signs. The patient was treated with arsenic, and the face rubbed with zinc ointment. She left the hospital improved, but not well. A few days later she became worse, and her mother brought her back. There was no special change, except that the patient seemed very weak and feeble, and that the rash on the face had altered in character. It now looked as if the patient had erysipelas, which had been freely treated with powdered starch. The rash involved the forehead as well as the nose and cheeks. Except for the debility and rest, no change occurred for about fourteen days, when the temperature suddenly rose, and the patient looked as if she was suffering from pneumonia, but no physical signs were obtained at the time, nor indeed up to her death, which occurred a week later from exhaustion, the rash on the face remaining unchanged. The post-mortem was negative, except that the right upper lobe was in a condition of pneumonia. The radial artery and median nerve and the medulla were examined microscopically, and yielded no evidence of change. The case was described on account of the peculiar eruption on the face, which was thought to be really part of the disease, and if so, had, it was believed, not been previously described.—Dr. BARLOW remarked on the vagueness and comprehensiveness of the term "Raynaud's disease." Its paroxysmal character was one of its most essential features. The drawings of the skin affection exhibited pointed to some chronic change.—Dr. FOX thought it fortunate that the necropsy had been made before the peripheral nerve showed changes, for Mr. Hutchinson had said that the changes were secondary.—Dr. WEST, in reply, said that the facial cutaneous lesions had not been submitted to the microscope, and that they had almost disappeared after death. Treatment for this skin disease had been continued some time before the diagnosis of Raynaud's disease had been made.

The following living specimens were exhibited by Dr. DE HAVILLAND HALL:—1. Deep Epitheliomatous Ulceration of Right Tonsil. When the patient first came under treatment, the rapid course of the ulceration and the general appearance of the ulcer suggested the sloughing out of a gumma, but against this view were to be set the indurated edge of the ulcer and the enlarged and

hard glands at the angle of the jaw. In spite of the temporary improvement under large doses of iodide of potassium, there could be no doubt at the present moment of the malignant nature of the disease. 2. A man aged sixty-two, with Fibro-lipomatous Tumours in the Subcutaneous Tissue of the Arms, marked Clubbing of the Fingers, and slight Clubbing of the Toes. With the exception of slight indications of emphysema and some thickening at the root of the lung (? due to fibrosis), nothing abnormal could be detected in the chest to account for the clubbing.

The PRESIDENT announced that in future the chair would be taken at 8 P.M., in order to afford an opportunity for the exhibition of living cases. Papers would be read at 9 P.M., or as soon as these cases had been disposed of.

MEDICAL SOCIETY OF LONDON.

Excision of Bone to promote Healing of Soft Parts.—Gastric Symptoms relieved by Abdominal Section.—Ligature of Lingual Artery.

AN ordinary meeting of this Society was held on Feb. 11th, Sir William MacCormac, President, in the chair.

Professor ANNANDALE (Edinburgh) read a paper on the Excision of Bone in order to promote the Healing of certain Wounds or Ulcers, or to relieve contraction resulting in connexion with this process. He remarked that this proceeding was not new, and that his first experience of it was in the practice of the late Mr. Syme, more than twenty-five years ago, since which time he had himself operated upon several cases. For conciseness he considered the subject under the following four heads. 1. The removal of a portion of bone, not including its entire thickness. 2. The excision of a portion of the entire thickness of a bone, or, as in the case of the forearm and leg, of two bones. 3. The partial or complete excision of a joint when the sore or contraction involved the soft parts in its neighbourhood. 4. The excision of a portion of the entire thickness of one or other of the bones of the forearm or leg, in order to allow the proper approximation of the ends of its companion bone, which had suffered some loss of substance. In regard to this fourth head, it was observed that, although scarcely included in the title of the paper, it was nearly allied to it. Illustrative cases occurring in the author's practice were described, and recorded cases by other surgeons referred to. One of the most interesting of these was one in which Mr. Annandale had removed two inches and a half of the shafts of the tibia and fibula in order to promote contraction and healing of a large sore upon the leg. The case was perfectly successful. In conclusion, he stated that, as a primary operation in cases of injury, this procedure was not likely to be useful except in rare cases, as it was impossible, in the first instance, to be certain of the exact amount of the loss of the soft parts, and he expressed the hope that the experience of the operations referred to would encourage surgeons to make use of the principle in suitable cases.—Sir WILLIAM MACCORMAC thanked Professor Annandale for his practical and interesting record. In the first case, he asked whether the destruction of soft parts was so great as not to be amenable to some measure less severe than excision. Could not transplantation of skin from the opposite limb have been tried? The procedure of removal of bone had been devised to bring nerve ends together. To remedy faulty union of a second bone, he thought it a good and new idea to excise a bit of sound bone.—Mr. BRYANT remarked on the novelty of removing bone in order to permit separated soft tissues to approach each other. His experience in this direction was small; he had once, in a case of injury to the heel with damage to the os calcis, removed a considerable amount of bone and brought the soft parts together, but this was done without applying any definite principle. He could recall two or three cases where this method might have been applied.—Mr. ROSE had had two cases of fracture near the lower tibial epiphysis under his care, followed by arrest of growth and gradual malposition of foot, and he had excised two inches of the fibula and brought the foot into position; but this was done, not to secure union of the bone, but to rectify malposition. In the first instance he took away three-quarters of an inch of bone, and in the second one inch.—Mr. PITTS recollected seeing two cases of disease of the os calcis under Mr. Sydney Jones, where the soft parts were dissected off the margins of the bone and the margins removed in order to approximate the soft parts and secure more rapid healing.—Professor ANNANDALE, in reply, said that he suspected the number of cases of primary operation after injury requiring this treatment would be very few. He had operated on two cases on the same principle as Mr. Rose had done; but it was the tibia which, as the result of inflammation, had grown more than the fibula. He cut across the latter bone and put the foot straight; this produced a gap between the two cut ends of the fibula, which was afterwards filled up with new bone.

Professor ANNANDALE likewise read notes of a case in which long-standing Gastric Symptoms were completely relieved by Abdominal Section and the raising up of depressed ensiform and costal cartilages. A young man eight years previously had received a severe blow upon the left side over the lower costal cartilages and sternum; dragging pain in the region of the stomach with vomiting had resulted, and continued, in spite of treatment, with more or less aggravation. Being unable to work, and the diagnosis from external examination not being satisfactory, an abdominal incision was made as if for gastrostomy, and the parts explored; no condition except a morbid depression of the lower costal and ensiform cartilages being found, these cartilages were divided and raised up. The result was complete relief to his old symptoms, and the patient, when seen two weeks ago (nearly six months after the operation), remained quite well.—Mr. BRYANT felt it difficult to criticise such cases, which belonged to a class unfortunately becoming more common, where operations of exploration or discovery were undertaken with failure to find out more than was known before, though in many cases results were obtained in ways we could not explain. Such cases were interesting, but dangerous, tempting rasher ones to explore more freely than should be done. One could hardly think that the depression of the cartilages gave rise to all the symptoms described, and he thought surgeons should be grateful to Professor Annandale for placing such a case on record.—Mr. TREVES referred to the remarkable improvement which sometimes followed after exploratory laparotomy in apparently hopeless cases. He had seen a case of tubercular peritonitis get well after simple exploration. He had twice opened the abdomen, discovered pyloric cancer, and closed again without interfering with it; one man was substantially better in every way for ten days; the second underwent so remarkable an improvement that there was a doubt as to the diagnosis; he continued better for six weeks, and then his old symptoms returned and he died, the necropsy revealing extensive carcinoma. He asked how far the conditions of intra-abdominal pressure were influenced by laparotomy. He quoted cases such as those of subperitoneal epigastric fatty herniæ, burns, and non-penetrating wounds, which gave rise to a train of awkward symptoms by exciting reflex nervous irritation.—Mr. B. JESSETT related the case of a man forty-five years of age, who suffered with severe and continuous vomiting, and pyloric cancer was thought to be present. He had a large reducible hernia of twenty-five years' standing, for which he had never worn a truss; after radical cure of this he made a perfect recovery.—Professor ANNANDALE quite admitted his inability to explain the reason of the result obtained, and he related a case in which distressing renal symptoms were present, which was cured by a negative exploratory incision. He had met with subperitoneal fatty herniæ laterally as well as centrally situated, and had known them to cause unpleasant symptoms.

Mr. F. BOWREMAN JESSETT read a paper on a Simple Method of Securing the Lingual Artery during the Operation of Excision of the Tongue with Scissors. He referred to the various means devised to control this vessel: Mr. Lockwood's compression forceps, which had been used by himself and others with satisfactory results; the snipping piece by piece through the fibres of the genio-hyo-glossi muscles and securing the artery before division; and the ligature of the artery in the neck, one advantage of which was that glandular enlargement could be removed through the same incision. The operation he proposed was only applicable when the disease was limited to the tongue itself, the floor of the mouth being free. The tongue was drawn well out of the mouth, and the frænum and mucous membrane of the floor divided with scissors, slightly curved upon the flat; the organ was then drawn firmly forwards and upwards, and a few fibres of the genio-hyo-glossi divided and torn deeply through with the finger. Between

the two genio-hyo-glossi an ordinary armed aneurysm needle was now thrust, and brought out through the incision in the mucous membrane and opposite to the second molar tooth. The ligature including the artery and some muscle fibre was now tied firmly, and, if Chinese silk were used, it cut easily through the soft fibres, and so held only the vessel. A pair of clamp forceps, curved, and somewhat larger than those in ordinary use, were then applied to the tissues, distally to the ligature in order to prevent the latter being snipped as the organ was removed. If the whole tongue had to be ablated, the same manœuvre was carried out on the opposite side.—Professor ANNANDALE agreed that the principle was a good one to secure the arteries previously to removal of the tongue in order to prevent hæmorrhage. He himself used to tie the vessel opposite to the second bicuspid tooth, but he now did it in the neck, as he had found that the malignant growth so frequently extended in the tongue along the line of the artery.—Mr. JESSETT replied that he proposed to adopt this method only when the disease was entirely limited to the tongue tissue and did not involve the floor of the mouth.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Abdominal Aneurysm.—Typhlitis.—Dislocation of Hip-joint.—Congenital Deformity.—Herniotomy.—Nephrolithotomy.

THE meeting held on Jan. 4th was a clinical evening; Dr. Travers, President, in the chair.

Dr. DONALD HOOD brought before the Society a typical case of Abdominal Aneurysm. The patient was a strong, well-nourished man, aged thirty-nine, who stated that while lifting a sack two years ago he "felt something give way" in the stomach. Much pain followed this strain, and for two months he was unable to work. For the next ten months he was fairly well, though he suffered at times from pains in the back and over the stomach. A year ago he first noticed a lump, which "throbbed." It appeared below the ribs on the left side, and was tender to the touch. He now sought advice, complaining of stomach pain only apparently. He was not carefully examined, and was treated for dyspepsia until admission on Dec. 17th, 1888. On examination there was a globular swelling 3 in. by 2 in. —the long diameter being transverse—in the left epigastric region two inches below the ribs. It pulsated strongly, and was tender. The skin was not reddened. The pain was mostly abdominal, though the patient stated he had suffered much from backache. He had not complained of limb pain. There was no history of syphilis, and the general arterial system appeared healthy. Since admission the treatment had been complete rest in bed, thirty grains of iodide of potassium three times a day, and opium in varying amount, with restricted diet—30 oz. fluid and 10 oz. solid. At the present time (Jan. 4th) fluids have been reduced to 18 oz., and solids in proportion. The patient has experienced much relief, the tumour being smaller and much less tender. It is also harder, and the man says he is quite comfortable, being almost free from pain.

Dr. ALDERSON showed a youth aged sixteen and a half years, whom he attended two years and a half ago for severe typhlitis. He attended him for a gastric feverish attack from July 6th to 17th, 1886; there were anorexia, constipation, and sickness; he returned to school rather against Dr. Alderson's wish, but the temperature being normal, he tacitly consented. On Aug. 2nd, he was taken ill with similar but severer symptoms. The constipation after the mildest aperient became diarrhœa. There was abdominal pain radiating to the middle line from the right iliac region. The treatment at first controlled the symptoms. But on Dr. Alderson's return from Brighton (the boy having been left in skilful hands) there was a distinct fulness in the groin, and the general aspect and posture of peritonitis. On the night of the 16th the boy was very ill, and in the early morning of the 17th Dr. Alderson was called hurriedly, and fluctuation was easily detected. Aspiration was performed, and gave great relief; the bowels soon acted, and the temperature fell to 99° in the evening. The abscess quickly filled, and the temperature rose. It was again aspirated two days later, three-quarters of a pint of similar pus being drawn off. Again the abscess filled, even more quickly, and on the 21st it was laid open with a Syme's knife, a drainage tube being inserted and antiseptic dressings used. A pale cicatrix of an inch and a half in length appeared parallel with and about an inch above the centre of Poupart's ligament. An inguinal hernia bulged here.—Dr. DONALD HOOD drew attention to the immobility of the abdominal wall over the seat of inflammation as an important symptom in distinguishing the pain of simple colic from that due to inflammatory action. It might be taken as granted that where the natural movement of respiration was absent there was inflammatory mischief behind. Typhlitis had no certain specific symptomatology with regard to initial onset.

Mr. R. F. BENHAM showed four cases of old dislocation of the hip-joint.

Dr. CLIPPINGDALE showed an infant about seven months old, with a congenital deformity of the upper limb, caused probably by an intra-uterine disclocation, due to sudden and irregular contraction of the uterus, the result of fright. When four months' pregnant, the mother states she made a sudden movement to prevent a child getting between the platform and a train, and felt a sudden sharp pain in the right side of the uterus. There was no history of heredity.

Dr. BONTOR, house-surgeon to the West London Hospital, read notes of three cases of Herniotomy shown by Mr. KEETLEY. Case 1: S. P., aged seventy, admitted on Sept. 28th, with right femoral strangulated hernia (strangulation five days' duration), and operated on it at once, the sac being excised. The wound healed by first intention; recovery uninterrupted. She was up, wearing a truss, on Oct. 23rd. Five days later there was much pain in the cicatrix, and next day a discharge from a small opening. The patient was ordered to bed, and hot boracic fomentation to be applied. The discharge continued for three weeks; the wound then closed, and the patient was again allowed up, wearing a truss. After two days pain returned. The temperature rose, and the next day there was more discharge; no collection of pus could be discovered. Boracic fomentation was reapplied. This was the condition when the silk ligature (handed round) which had secured the stump of the sac was removed; and now, one week afterwards, the sinus is closed, and there is but a small superficial wound. It is premature to discuss the question of radical cure in this case. Case 2: M. F., aged fifty, suffered from a rupture. Seventeen years ago, during a confinement, hernia supervened, but until two months before admission it was kept up by a truss, when it became much larger, and prevented the patient from getting about. On admission this right femoral hernia was larger than a man's head and quite irreducible (photograph handed round). In order that the condition of the patient and of the hernia might be improved, a very limited diet on the Banting system was ordered, all the starchy fat-forming elements being excluded. The foot of the bed was raised. Elastic pressure was kept on the hernia by means of knitted woollen bags. After about a month of this treatment, the hernia was reduced, and the following day the operation performed, the sac being stitched into the ring, which was large enough to admit several fingers. The outer part of the skin was removed, and the inner part drawn over to the outer side, in order that the wound might be removed from the genitalia. The wound healed by first intention. That the cure of so large a hernia will be radical is almost beyond hope; the patient will, however, be in a more comfortable position than she has been for years. Case 3: S. M., aged fifty-three. Had right femoral hernia. For six months no truss was worn. On Sept. 28th, 1888, the rupture increased in size and there were symptoms of strangulation, but there was still impulse on coughing, so the patient was put to bed. She had heard of and desired the radical cure. On Oct. 2nd the operation was performed, and the interest of the case was in the fact that there was no sac, and the protruding structure was not bowel, but a hard white tubular process, containing a little semi-transparent gelatinous substance in its lumen. A ligature was placed round this, and the end excised, the stump being returned into the abdomen, and the operation completed in the ordinary way. This patient was up, wearing a truss, in sixteen days, and has had no discomfort since. There is now no more impulse on one side than the other.—Mr. KEETLEY remarked that the ligature in the first case might not have been quite aseptic. It was possible to render silk ligatures aseptic by boiling them, and in this they had an advantage over catgut. It was too soon to say whether a radical cure had been established in these cases.

Mr. BRUCE CLARKE showed a patient after Nephrolithotomy. A. M., aged twenty-five years, was operated on the first time by Mr. Clarke in June, 1888, two large and six or seven small stones being removed. The patient left the hospital well in six weeks. A slight discharge from the loin returned shortly after she went out. The pyuria never ceased for longer than a week, though it has lately only been a few spoonfuls instead of three-quarters of a pint as before the first operation, and the woman is much stouter.—Dec. 4th: Second operation, five or six small stones removed.—Jan. 4th, 1889: Very slight discharge from sinus. Urine still contains a trifle of pus and lithates. More stones (?) in the upper part of the kidney, those removed having been taken from the lower portion. It had been explained to the husband that it might be necessary to do a larger operation, and either remove the kidney or attack it higher up.

OBSTETRICAL SOCIETY OF LONDON.

THE annual meeting was held on Wednesday, Feb. 6th, John Williams, M.D., President, in the chair.

A Case of Porro's Operation.—A full account of this case was read by Dr. GALABIN. The patient was twenty-eight years old and pregnant for the first time. Labour began on Sept. 14th, 1886, about a week after term, according to the usual calculation. When admitted into Guy's Hospital the labour pains had already lasted for forty-eight hours. The liquor amnii had escaped about twenty-four hours before her admission. Unsuccessful attempts had been made to apply the long forceps. The patient was short; her tibiæ were curved. The external conjugate diameter was six inches and three-quarters; the diagonal conjugate two inches and five-eighths. The walls of the cervix were extremely thick; the available true conjugate was but one inch and a half. The cervix could not be pushed up above the brim. The uterus was in a condition of continuous action. The urine was highly albuminous, and contained casts and blood-corpuscles. Dr. Galabin determined on Cæsarean section, and preferred Porro's operation to Sänger's, as the uterus might have been bruised by the attempts to introduce the forceps. The fœtal heart was audible, and the extreme narrowness of the pelvis was not favourable for craniotomy. Porro's operation was performed on Sept. 17th, 1886. The placenta lay on the posterior wall. To ensure a full retraction of the uterus, the patient was, at first, not kept very profoundly under the influence of the anæsthetic. Prolapse of intestine occurred as the child was being extracted by the leg. After this incident complete anæsthesia was induced. The uterine stump was secured by the wire of a Koeberlé's serre-nœud and two pins. No sutures were passed through the peritoneum of the stump. Carbolic spray was used. The child was saved, and was still alive. During convalescence, although an abscess formed below the patient's right nipple and ulcers in the axilla, the amount of albumen in the urine diminished considerably. By a year and a half after the operation, the albuminuria had quite disappeared. Dyspareunia now existed, partly through tenderness of the vaginal outlet, partly through pressure of the vaginal wall against the very prominent sacrum during connexion. Dr. Galabin insisted that it was only on account of the prolonged labour and possibly bruised condition of the uterus that he preferred Porro's to Sänger's operation. He thought that as yet neither Sänger's nor Porro's operation should be recommended to the family practitioner as an alternative to craniotomy, when the pelvis exceeded two inches and a half in conjugate diameter, unless there was marked transverse contraction as well. When the pelvis was narrower, Porro's operation was preferable for the practitioner to Sänger's. Indiarubber tubing and a knitting-needle would serve in the absence of a serre-nœud, with the special pins, as Hegar, Kaltenbach, and Tait had already shown. Dr. Galabin concluded with observations on the placental site. In the uterus in his case the placenta did not remain entirely adherent, but was partly detached. The detachment was at the lower border. This fact favoured the view that the normal detachment of the placenta was due partly to detrusion by uterine action in addition to shrinking of the placental site.—Dr. MATTHEWS DUNCAN, agreeing with the principles of Dr. Galabin's paper, thought, nevertheless, that it was not advisable to introduce into questions of treatment variations according to the grade of the practitioner. Craniotomy still held its place, because it was safer to the mother than any form of Cæsarean section. But a still further reduction of the mortality after that operation would probably be attained, thanks to the exertions of Sänger and Leopold, and the perfection of Porro's procedure. Then, craniotomy might be entirely banished. Dr. Duncan deprecated Leopold's principle of introducing the wishes and opinions of the patient and her friends as factors in determining what operation should be performed. The surgeon must decide what operation must be done and how it should be done. Dr. Duncan believed Dr. Leopold would soon be ready to dispense with faulty arguments about patients' advice, and would be able to show that Cæsarean section was more successful in respect to maternal mortality than craniotomy.—Dr. HERMAN agreed with Drs. Galabin and Matthews Duncan that the safety was far greater to the mother after craniotomy. In order to make a fair comparison, the mortality of that operation should be estimated from series of cases operated upon under the most favourable circumstances. For Dr. Galabin had estimated the mortality of Cæsarean section under such conditions, the statistics being derived from hospitals in which it had been brought to the greatest perfection. In a Berlin hospital it was found that after craniotomy in the slighter degrees of pelvic contraction the mortality was greater than in cases where the deformity was most marked. In the former kind of case the operation was often done late, when the patient was exhausted, and perhaps locally injured by attempts to deliver the child by the natural passages. When the pelvic contraction was great, the impossibility of delivering the child alive was recognised early in labour; craniotomy was at once done by an expert.—After some remarks by Dr. BRAXTON HICKS, Dr. AUST LAWRENCE (Clifton) noted the importance of obstetric physicians performing abdominal operations generally, as they were in the best position to meet the emergency which had been so successfully faced by Dr. Galabin. Dr. Lawrence laid stress on the early and thorough examination of the pelvis, so that extreme contraction, where forceps would be useless and dangerous, might be recognised in time. Craniotomy or its alternatives might then be performed with the best chances of success.—Dr. GALABIN, in reply, remarked that the evidence of lesser mortality in the more serious cases, for which craniotomy was performed, confirmed his own observations. As to the moral aspect of the advocacy of operations, he thought that every man should do what he thought best. Notwithstanding, however, any theoretical principle to the contrary, circumstances in regard to operator and to place made a great practical difference in respect to serious operations. Experts in a difficult operation generally performed it in a well-appointed hospital; the practitioner called upon to perform that operation was never so favourably placed. He had often to operate in a small, and perhaps insanitary, house, with no skilled assistants. Hence many practitioners very wisely, in Dr. Galabin's opinion, sent bad cases to hospital. Dr. Duncan's principle that the mother's life was of paramount importance was quite sound. Where, however, the risk of the two operations appeared to be almost evenly balanced, Dr. Galabin thought some regard should be paid to the life of the child, and that the wishes of the mother and her husband should not be disregarded.

Dr. JOHN PHILLIPS showed a specimen of Disease of the Fœtal Membranes of uncertain nature in Early Pregnancy.

Mr. DORAN exhibited, for Dr. William Skene of Cardiff, an Anencephalous Monster, and made some observations on the distinction between anencephalus, acardiacus acephalus, and perocephalus.

The business of the annual meeting then commenced. The thirtieth volume of the Society's Transactions for 1888 was laid on the table.

The report of the auditors of the accounts of the treasurer for the year ending Dec. 31st, 1888, was read. This report showed an increased balance at the bank, although a further investment of £100 in Consols had been made during the past year. It was proposed by Dr. GRAILY HEWITT, seconded by Dr. CLEVELAND, and carried, that the report be received, adopted, and published in the Transactions.

The list of officers for 1889, nominated by the Council, were declared to have been elected by ballot.

The report on the Society's library, including a list of donations of volumes &c. received during the past year, was read and adopted; it proved highly satisfactory.

The report of the chairman of the Board of Midwives respecting the examinations in midwifery for the diploma of the Society showed that 127 candidates had satisfied the examiners during the year. The whole number of midwives on the register was now 618.

The PRESIDENT then delivered the annual address. He referred briefly to the life and work of each of those Fellows who had died in the course of the year. They included Dr. J. Stuart Hutton, Mr. Walter J. Bryant, Dr. Hugh Miller, Dr. Arthur Creswell Rich, Mr. J. Brickwell, Mr. Isaac Harrison, Mr. W. Nicholson Price, Dr. J. Chalmers, Dr. Edwin Jackson, Mr. Philip Addis, Mr. T. Boyle, and Mr. J. F. Eyeley. The President then gave a sketch of the work done by the Society in 1888. In vacating the chair, he expressed his assurance that its dignity and the interests of the Society would be thoroughly maintained by his successor, Dr. Galabin.

Dr. J. MATTHEWS DUNCAN moved, and Dr. CHAMPNEYS seconded, a resolution that a vote of thanks be given to the outgoing President, Dr. John Williams, and that his address be published in the Transactions. This resolution was carried unanimously.

Votes of thanks were also passed to the retiring treasurer, Dr. Galabin, and to the retiring Vice-Presidents and other members of the Council.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Chromidrosis.—Typhus and Enteric Fever.

THE Section of Medicine met on Dec. 14th, 1888, Dr. Lombe Atthill in the chair, when the following papers were read and discussed.

Dr. ARTHUR WYNNE FOOT made a communication on Chromidrosis, in which he reviewed the present position of the subject. Tracing the history of the disease from the first case recorded by Dr. Yonge of Plymouth in 1709 up to the present year (1888), he found that there were forty-six admittedly genuine cases on record—cases which had passed repeatedly through the crucible of criticism, and to which no exception could be taken. Of these forty-six cases six had occurred in men and forty in women—for the most part young and unmarried. That so small a number as forty-six cases should have been reported in the 180 years since Dr. Yonge first drew attention to it, Dr. Foot considers to be a proof of the rarity of its occurrence. As recently as the year 1861 the Medical Society of the Hospitals of Paris gave an open verdict on the subject, notwithstanding the strong pleading of M. Hardy in its favour; and in the same year the Imperial Academy of Medicine declined to allow De Méricourt's essay on Chromidrosis to be published in their Memoirs, on the ground that the authenticity of the cases was doubtful, although the committee which they had appointed to report on it recommended it merely for publication, without asking for the expression of any opinion on its merits. On April 4th, 1882, a committee of the Clinical Society of London reported "that chromidrosis has an undoubted existence as a genuine affection." He was not inclined to follow Féréol in substituting the name chromocrinia for chromidrosis; for if the views of Meissner and Unna were correct, that the coil of the sweat-gland secretes fat and the end of the duct sweat, disorder of the coil glands would account for all the phenomena. He was in favour of the theory that the pigment was due to the oxidation of indican eliminated by the cutaneous glands; its preference for the face he explained by the free exposure of that area to the great oxidising influences of air, light, and heat. Some ferment also might operate in effecting the conversion of soluble colourless indican into indigo-blue or bronze. The possibility of a bacterial origin was, however, not to be overlooked, as the source of the colour in "blue milk" was often the bacterium cyanogenus and in red sweating the bacterium prodigiosum. The indican, he considered, was derived from the absorption from the intestinal canal of small quantities of indol. The frequency of constipation in chromidrosis, the sudden disappearance of the colour after purgation, its diminution after regulation of the bowels, and the general aversion to animal food these cases exhibit, were, he considered, facts which made in the direction of his view. The proportion of indican in the urine increases *pari passu* with the amount of exudation on the face, and *vice versâ*. Hoffman had detected indigo in the bluish-black exudation, and after reducing the pigment to indigo-white it was seen to regain its colour by exposure to the air.—Dr. HAYES referred to the case of a lady whom he had known for nine years, and who for the last five years had had a deposit of black pigment round both eyes, extending into the eyebrows, enveloping the upper lids and the same distance of the lower, presenting all the appearances of a well-marked case of chromidrosis. At present the pigment could be easily removed, and he had seen it re-form. The lady was of a highly nervous temperament, and had suffered from hysteria, and was the subject of arrested phthisis.—Dr. BOYD said some years ago a young lady was brought under his notice. She was dark and good looking, and it struck him at the outset that she wanted to heighten the appearance of her eyes by means of some pigment applied to the lids, but she denied doing anything of the kind. He wiped off some of the pigment with a towel, but could not remove the whole of it. The family soon seemed to recognise the pigmentation as her normal state, and paid no attention to it. The lady got married, and he afterwards saw her in this country. The pigmentation had considerably disappeared, but a portion still remained on the eyelids. Besides suffering from anæmia, the lady suffered also from obstinate constipation. He had no doubt the case was one of chromidrosis.—Dr. PURSER said why the sweat-glands should be affected in the face and in no other part of the body seemed anomalous, as not being a part of the body where these glands were very highly developed or prone to sweat; on the contrary, the sweat-glands were rather small and scanty, and this was not a part which was devoid of sebaceous glands. It was much more probable that it was a bacterial affection in which there were chromogenic bacteria, and the bacteria lying there simply acted on the superficial epidermis.—Dr. WALTER SMITH, accepting chromidrosis as a true pathological occurrence, regarded the question of its rarity as of secondary importance, and that the important question was the identity of the indigo. In the terminology of the subject it was a pity that indican should be used in reference to the urine. It was not the same as the substance that occurred in plants—it was not identical with the indican of the indigo plant.

Dr. C. J. NIXON read a paper on a case of Mixed Typhus and Enteric Fever, and exhibited the post-mortem appearances of Peyer's patches.—Dr. MOLONEY asked if there was a case of typhus fever in the ward, or any evidence of the existence of typhus in the house from which the patient came, remarking that Murchison mentions two cases of the coexistence of typhus and enteric fever, the typhus being, he seemed to think, an afterthought.—Dr. J. WM. MOORE said he saw on Oct. 17th, in consultation, an officer, supposed to be in the sixth or seventh day of typhoid. The symptoms were tympanites and diarrhœa. The case was like typhus or acute pneumonia. He withheld a positive diagnosis until next day. Next morning the gentleman was covered with maculated eruption; and whether he had been in the typhoid condition previously or not, it was evident he was then in about the sixth day of typhus. Meanwhile, the diarrhœa continued. At first, the motions consisted largely of curdled milk, from having milk as food. In two or three days they became more liquid and of a bright colour. Symptoms of cardiac prostration came on. It was now resolved to have another opinion, and Dr. Gordon was called in. He stated forthwith there was little doubt that the patient was in the ninth or tenth day of maculated typhus fever. Two or three days passed, when the crisis took an ominous form—profuse perspiration appeared. The pulse rose, the mental state became rapidly deranged, the abdomen largely tympanitic, the patient's strength abated, and he passed into a state of coma, the temperature being 105°. The officer died at 11 o'clock at night on the eighteenth day. Whatever other fever he had, there was no doubt he had maculated typhus, although the spots gradually faded and were hardly perceptible at last. There was no opportunity for a necropsy. He regarded Dr. Nixon's as a mixed case.—Dr. DELAHOYDE had had two cases in which typhoid and typhus coexisted in the same individual, and both terminated fatally.—Dr. H. G. CROLY mentioned the case of a young gentleman at Monkstown, county Cork, who had had symptoms of typhoid, but afterwards the fever ran the course of typhus. When connected with the Meath-street Dispensary some years ago he saw a great number of fever cases, but not one of typhus where there was rash on the face; and the late Sir Dominic Corrigan maintained that it never appeared on the face.

MIDLAND MEDICAL SOCIETY.

A MEETING of the Society was held on Jan. 23rd, Arthur Foxwell, M.B., M.R.C.P., in the chair.

Addison's Disease.—Dr. SUCKLING read notes of, and showed specimens from, a case of Addison's disease without marked pigmentation, recognised during life. The patient, a man aged forty, had been ailing about nine months, feeling languid and too feeble for work. His strength rapidly failed, and for the last three months of his life he was unable to work. He had suffered from attacks of vomiting and flatulence, and had complained of backache. Latterly, he had had attacks of fainting and vertigo. Any sudden movement made him giddy. During the last six weeks of his life he had been much worse, fainting even when he sat up in bed. When he was admitted into the Queen's Hospital he was extremely prostrate. He was thin, but not markedly emaciated; his complexion was dusky, but the pigmentation was insufficient to attract attention. There was a little tenderness over the area of the supra-renal capsule on each side. He died suddenly a few days after admission. At the necropsy, caseous nodules were found at the apex of each lung. The heart weighed only 8 oz., and was very flabby. The liver weighed 3 lb. 5½ oz., and was fatty. The supra-renal capsules were not much enlarged, but both were full of caseous tubercle.

Natiform Skull.—Dr. SUCKLING also showed a child aged eighteen months with a well-marked natiform skull. The mother had had two children born dead, this child being the third. A few weeks after birth the patient was ill and had snuffles, but there was not any rash. At the present time the skull is of the hot-cross-bun type, the complexion sallow and earthy. The lower epiphyses of the radius on each side are enlarged, and the ribs nodulated.

Report on Dr. Suckling's Case of Carcinoma of the Pancreas.—Dr. HOGBEN reported that he had examined this specimen, and that he regarded it as scirrhous carcinoma, in which the fibrous-tissue element was very much developed.

Horny Growths from the Skin.—Mr. HASLAM showed two horny growths that he had removed from a patient aged fifty-two. One had been growing for fifteen years from about two inches above the upper border of the sternum. This the patient had been in the habit of cutting from time to time when it got in the way of her dress. The other grew from the right upper eyelid, and was first noticed nine months ago. Both were extremely dense, and about three-quarters of an inch in length.

Atrophy of Finger-nails.—Dr. FOXWELL introduced a girl, aged nineteen, in whom six finger and three toe nails had almost completely crumbled away, their remains feeling like bits of parchment beneath the cicatricial-like tissue which had grown over them from the superficial layer of the matrix. There was no history of any injury or ulceration, nor, indeed, of any acute period of the disease. The condition had never attracted attention from pain or from any annoyance it had caused the girl in her work. To use her own words, "the nails would simply grow a bit and then break off again." But this had always been a perfectly *dry* process. There were no signs of syphilis or struma in the girl or her mother, nor could any family history of these be obtained. Dr. Foxwell considered the case one in which the complex nail structure had been replaced by fibrous tissue, owing to defective blood-supply.

Mr. BARLING read a paper on Lupus.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

A MEETING of this Society was held on Jan. 31st, Dr. J. W. Martin, President, in the chair.

Mr. A. JACKSON showed a specimen from Diseased Hip-joint (excision), and a dissection of Arteries from Lower Limb (atheromatous).

Mr. SNELL brought forward a boy in whom the lower eyelid had been perforated and the orbit penetrated by the prong of a hayfork, injuring the optic nerve. He was seen four days after the accident. The optic disc was then pale, and the sight was lost. At the end of three months there was a white atrophied disc.

Mr. ATKIN introduced two cases of Hæmatoma Auris.

Retained Placenta.—Dr. PEARSON related the particulars of this case, which had been admitted into the Borough Hospital as one of typhoid fever. The patient had been confined eleven days before admission, was attended by a midwife, and had a good time. On the ninth day vomiting set in, with pains in the hypogastrium. On admission two days later, there were constant vomiting and abdominal pain; no diarrhœa; temperature 102·6°; no eruption. The next day delirium set in, and on Jan. 12th, fourteen days after confinement, she died. At the necropsy a portion of placenta the size of a walnut was found in the uterus, with surrounding inflammation. Scarlet fever was in the house at the time of confinement.—Dr. DYSON suggested that the origin of the infection was scarlatinal rather than puerperal.

Cancer of Peritoneum.—Dr. GWYNNE read notes of the case of a woman aged forty; she was married, and had two children. The case extended over a term of about two years and a half. There was jaundice and ascites. A necropsy showed cancer in various stages of disintegration, involving the omenta and general peritoneal tissue; the latter was much thickened, and resembled wash-leather; the pancreas was involved; the liver was much atrophied, and apparently free from cancer. There had been no pain or vomiting. Death resulted from exhaustion.

Oöphorectomy.—Mr. GARRARD read a paper advocating the removal of uterine appendages in certain suitable cases, and gave the history of a case now under his care where he removed both uterine appendages by abdominal section for dangerous metrorrhagia for ten or eleven years past. The uterus was quite healthy, and the cause was chronic ovaritis with cystic degeneration. The patient made a good recovery, without any fever, and up to the time of the meeting (a period of nearly three months) had been free from bleeding.

Reviews and Notices of Books.

The Life Insurance Examiner. By CHARLES F. STILLMAN, M.S., M.D. Pp. 187. The Spectator Company, New York and Chicago. 1888.

THE palmy days for the medical examiner for assurance are over—the days when a few courteous remarks from a dignified official led up to a rapid general impression, favourable or adverse to the proposer. Generalisations are being swept aside to make way for detailed reports. Head offices and committees are no longer satisfied with the bare statement, "I believe him to be eligible for assurance"; they require full information of the grounds upon which this belief is based, and, for the sake of uniformity and of ease in dealing with the reports, they are daily adopting more stringent measures to ensure the full and careful examination of those presenting themselves for assurance. As the reports become more detailed, so the logical conclusion reached becomes more open to question; some abnormality is noted, and when the examination has been performed by one unversed in the routine, it is possibly not estimated at its proper value. This matters little from the point of view of the office so long as the reports are properly supervised before the final acceptance of the risk, but it is liable to produce much individual annoyance when a favourable report is declined or weighted by addition to the premium. To teach the logical method of dealing with the facts elicited, numerous handbooks have been published. Some from their length soon find a place upon the book-shelf, and remain there untouched; others from their brevity lead to no useful conclusions, and having been glanced at, are speedily forgotten. The happy mean for reference in questions of difficulty was still wanting until the requirements were to a large extent fulfilled by the practical treatise at present before us.

The introduction should by no means be overlooked, since it treats in temperate but forcible terms of the proper relationship between the medical examiner, the proposer, the company, and the agents. The importance of proof of identity, and of full report of any adverse circumstances is rightly insisted upon, and the useful reminder is given that it is the "business of an agent to procure the accept-

ance of a risk"; hence, to avoid annoyance, it is well to reserve all information for the medical directors of the company.

The book is divided into three sections, which respectively deal with (1) Life Insurance Formalities, (2) Examination of the Applicant, and (3) Diseases relating to Life Insurance. In the first section especially, the American source of the book must be remembered, otherwise the amount of information required in the medical examiner's report might be deemed excessive, if not absurd. For example, "Mention some mark of identification" almost irresistibly calls to mind transpontine melodrama, and the familiar strawberry mark. On the other hand, the essentially personal character of the report might well be copied by English companies. "If you were yourself in the business, would you grant this subject a life policy?" This question necessitates thought, and it is one which, we imagine, might more frequently lead to the rejection of a proposal than when the medical examiner is simply asked to classify the expectancy according to some cut-and-dried formula which is perhaps unfamiliar.

The section dealing with the examination of the applicant is more extended, and incidentally throws many valuable side lights upon the American method of classification. Several good tables are given in connexion with expectancy, the proportion between height, weight, and chest girth, and what are termed the "over and under weight" limits. The details of the examination of the chest, and the significance of the various cardiac murmurs, almost suggest a work written for students who have yet to learn the alphabet of their profession, and unnecessary space is also given to the wholesale transference of a series of diagrams of urinary deposits from an English source.

The third part, which treats of diseases relating to life insurance, will probably be most frequently consulted by those in doubt. It should be clearly recognised that medical examiners are supposed to deal with proposals solely by advising rejection, postponement, or acceptance, leaving the executive officers to make any modifications they deem desirable. "Modifications" appear to be a euphemistic term for additions to the premiums charged on sound lives; this, then, at once removes from the examiner the responsibility of measuring the risk in terms of years, which he frequently incurs in working for English offices. Broadly speaking, the phrases "rejection is imperative" or "rejection is always demanded" occur with greater frequency than would have been anticipated; but these recommendations, when they appear to err, always err on the side of safety. From the instructions to agents in the appendix, we gather that sundry causes are recognised as "not disqualifying, but entailing special contract or special rate of premium." The book is provided with an excellent index, and with some well-executed illustrations; the latter it scarcely seems to need.

The author has produced a work which will be frequently consulted—one in which the advice is sound, even though it seems likely to lead to a greater percentage of rejections; but he appears to be wholly in the dark as to the measurement of extra premium risks, or, if he possesses the secret, he does not disclose it.

The Science and Art of Surgery. By JOHN ERIC ERICHSEN, F.R.S., LL.D., &c. Ninth Edition, Revised and Edited by MARCUS BECK, M.S.Lond., F.R.C.S., Surgeon to University College Hospital, and Professor of Surgery in University College, London. 2 Vols. London: Longmans, Green, and Co. 1888.

WE regret that through inadvertence we had omitted to notice the ninth edition of this esteemed work. The author reminds us in his preface that it is thirty-five years since the first edition appeared, and that during this time nearly as many thousand copies have been issued from England alone. Successive editions have also, and independently, been reprinted in the United States, and the work has been translated into several of the European languages; and when we add that less than four years elapsed between the issues of the previous edition and this, it must be obvious that "Erichsen's Surgery" has not only held the foremost place for more than a generation, but that, notwithstanding some drawbacks, it still holds the foremost place, and is likely to do so, in spite of many recent rivals and competitors for professional favour. Mr. Beck, the accomplished editor, has submitted the work to a thorough revision, and while there may be nothing that needs to be specially mentioned, it may be said that every page bears traces of close and critical supervision. We cordially endorse the statement that "no pains have been spared by the editor to bring the whole work up to the standard of the most advanced modern surgery."

OUR LIBRARY TABLE.

Archives de Médecine Expérimentale et d'Anatomie Pathologique. Publiées, sous la direction de M. CHARCOT, par MM. GRANCHER, LÉPINE, STRAUS, et JOFFROY. No. I. Paris: G. Masson. 1889.—The prominence now being assigned to scientific investigation of the etiology of morbid processes, and the activity displayed in bacteriological and experimental research, have doubtless contributed to the publication of this new journal, which has sprung from the well-known *Archives de Physiologie et Pathologie*, of which Dr. Brown-Séquard remains the editor. The contents of this first number indicate the field that it is proposed to occupy, whilst the names of the editorial staff are guarantees of the quality of the work that will be published in its pages. The articles are: 1. Researches on the Viability of Pathogenic Microbes in Water, by MM. Straus and Dubarry. 2. On the Typhoid Bacillus in the Soil, by MM. Grancher and Deschamps. 3. On the Action of certain Antipyretics on the Consumption of Hydrocarbons, by M. Lépine. 4. A Contribution to the Pathological Anatomy of Acute Spinal Paralysis of Infancy, by MM. Joffroy and Achard. 5. Note on the Cultivation of the Bacillus Tuberculosis, by M. H. Martin. 6. Influence of Cortical Lesions on Vision, by M. Lannegrace. 7. Contribution to the Study of Epithelioma of the Sweat Glands, by M. J. Darier. 8. Histology of "Vergetures" (i.e., Striæ Atrophicæ), by MM. Troisier and P. Menétrier. The number also contains the first part of a history of the doctrine of Spontaneous Generation, by M. Straus, and some analytical summaries.

Travaux d Obstétrique du Docteur A. Auvard. Trois tomes. Paris: Lecrosnier et Babé. 1889.—This is a collection of papers dealing with many subjects of obstetric medicine. The first volume consists of papers already published, the second and third of papers not previously issued. As a monument of industry they deserve high commendation. Their intrinsic value varies, some of the best being those on the incubation of premature children; on cranioclasm; and those papers contained in the second and third volumes, the result of careful notes in a lying-in hospital. The defects of the book are an inadequate acquaintance with—or at least reference to—the literature of the subjects treated, resulting, in some instances, in the partial rediscovery of facts and phenomena already described (sometimes far more adequately) by other observers. The index, for convenience of reference, would bear much amplification.

Alpine Winter in its Medical Aspects; with notes on Davos Platz, Wiesen, St. Moritz, and the Maloja. By A. TUCKER WISE, M.D. Fourth Edition. Pp. 160. London: J. & A. Churchill. 1888.—This is the fourth edition of a work originally published by Dr. Wise under the title of "Alpine Winter Cures." In it he has made some good additions, especially as regards the effects of a dry cold climate upon

invalids, and has stated fairly the principal drawbacks attending a winter residence at some of the Alpine health resorts. He has given a brief extract of the results in thirty-three cases of pulmonary disease treated at Maloja, as detailed in a paper by him at the Washington International Medical Congress in September, 1887. The results are decidedly favourable to the high-altitude treatment, but the number of cases is too small to warrant any very positive deductions. Dr. Wise has judiciously substituted a summary of the meteorological observations for the detailed tables in the previous edition, but he does not show the diurnal range of temperature—an important matter in the case of invalids. We observe with satisfaction that the extracts from non-professional papers, to which we objected in a previous edition, are now omitted, and that a copious index has been prepared, which adds materially to the value of the book.

Street's Indian and Colonial Mercantile Directory for 1888-89 must prove an invaluable book of reference to merchants, traders, and professional men. A useful feature of the work is that leading merchants and traders of every class whose services are likely to be in request by manufacturers and others engaged in commerce are fully enumerated, together with the leading professional men. Concise descriptions are furnished of each county and town, showing their commercial capabilities and peculiarities; and specially revised maps are also given of all the principal countries, showing the relative positions of the chief towns &c. The London agents to each of the banks are named, so that a merchant is enabled to see to whom to apply where financial information or assistance is needed in connexion with any particular town or city.

The P. & O. Pocket-book. — We have received from Messrs. Street and Co. a copy of this handy little pocket-book and guide, which should prove a valuable *vade mecum* for travellers to the East. The little volume is replete with information such as passengers desire. There are some excellent views of the principal places touched at by the Peninsular and Oriental Company's steamers; some useful hints as to outfit &c.; and at the end of the book is a neatly arranged diary or journal, in which the day's doings, the ship's log, &c., may be chronicled—a custom greatly favoured by passengers making their first voyage.

New Inventions.

INSTRUMENT FOR THE INTRODUCTION OF MEDICATED UNGUENTS.

I DESIRE to invite the attention of the profession to an improvement in an instrument known originally, I believe, as Allingham's ointment introducer, devised by that surgeon for effectually applying ointment to the rectum. An addition was devised some few months since, and noted in your journal, by Mr. C. J. Smith, and suggesting a method of

treating gonorrhœa and gleet by the use of medicated ointments, which treatment had in his (Mr. Smith's) hands been found most successful by means of the additions which he explained. The further additions to which I now wish to draw particular attention are shown in the accompanying drawing, and consist practically of a hollow uterine sound (jointed for convenience) perforated at the distal end, and with a screw at the proximal extremity, by means of which the sound is attached to the ointment box, thereby enabling medicated ointments to be introduced with ease and safety into the cavity of the uterus. Thus used it has hitherto given me every satisfaction in the treatment of chronic uterine inflammation, and should form an invaluable help in our treatment of intra-uterine diseases. The various additions and alterations have been carried out by Messrs. Arnold and Sons, of West Smithfield, in a most satisfactory manner. They have also made some minor changes in the details of manufacture of this instrument, which now combines in *one* a rectal, urethral, and uterine ointment introducer. I have also advised that the containing box should be made of block tin, both for cleanliness and portability.

Derby. T. CARTER WIGG.

A NEW FORM OF URETHRAL INJECTOR.

THE different syringes which have from time to time been devised for the treatment of gonorrhœa are at least as varied in design, if not quite so numerous, as the leaves which we are told strew the brooks in Vallombrosa. One naturally hesitates, then, before describing any modification of such as a new one. The urethral injector which I now venture to submit has, however, a distinctive feature of its own, and is in other respects, it is hoped, as suitable to its purpose as most of its predecessors. The instrument is made of the same soft, vulcanised indiarubber as that which is used for Jacques' catheters. The bulb will hold half an ounce of injection. The nozzle is six inches in length, equal in diameter to a No. 6 catheter, and marked off at intervals of an inch by black rings, so that precise directions may be given to the patient as to the depth to which the injection is to be thrown. The principle of flushing out the urethra from behind forwards is much preferable to the more usual plan of compressing the meatus around a short stiff nozzle (in itself not a comfortable procedure when the meatus is inflamed), and forcing the injection downwards. The fear of injecting the bladder

from the urethra has long since been shown to be groundless. Even if it were not so, it is extremely doubtful whether an injection should ever be used for urethritis of such a nature as to be capable of inflicting injury upon the vesical lining. The great advantage, however, of a lengthened nozzle such as the one described is that by it the contact of the remedy used with the deeper portions of the urethra in cases of long-standing urethritis is ensured—a result which, with the ordinary method of injection with a glass syringe, is always problematical. It is thought also that soft rubber would, as causing less pain and irritation to the inflamed urethra, be a more convenient and appropriate material than the less flexible substances hitherto used for such lengthened nozzles. A further advantage of the soft rubber injector is that by the simple expedient of tying a knot near the end of the instrument, a charge of injection may be safely carried about in the pocket ready for use. This will prove convenient to such patients as may have to be absent from home during part of the day and who object to carrying a bottle of injection about with them. The injector is made by Messrs. Arnold and Sons, of West Smithfield.

ALEXANDER G. R. FOULERTON,
Resident Assis. Surg. to St. Bartholomew's Hosp., Chatham.

CHESTER GENERAL INFIRMARY.—The Duke of Westminster presided at the annual meeting of the governors, held at the Town Hall recently. The total number of patients admitted during the year was 1005; of these, 734 were discharged cured, 2081 patients were attended at their own homes, and 4163 out-patients were treated. The year's expenditure amounted to £4931 16*s.* 6*d.*, including £203 15*s.* for the Parkgate Convalescent Home. The sum of £420 had been handed over to the institution through the kindness of the Duke of Westminster in allowing visitors during the summer to view the interior of Eaton Hall.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 16, 1889.

THE subject so admirably dealt with in the recent Lettsomian Lectures by Dr. GOWERS needed no apology from him for its selection; for in spite of all that has been written concerning syphilis in general, and syphilitic disease of the nervous system in particular, Dr. GOWERS has himself shown how much there is still to be known, and how the knowledge we do possess can be best put to account. Seldom, if ever, has the subject been treated in a more thoroughly scientific manner, in which every step in the argument seemed to be viewed on all sides before deductions were made, and every legitimate objection to such inferences duly considered. Hence we think that these lectures will long remain as a mark of the point to which knowledge of the subject has reached in the present day. They will also need to be studied over and over again before the entire meaning they convey can be mastered. They are the outcome of a wide experience, and of much patient, profound observation. It may therefore be excusable if their full significance fail to be recognised at first sight.

There is no part of the organism in which the effects of syphilis are so far-reaching or so varied as the nervous system, nor, it may be added, few departments of pathological inquiry which have received so much elucidation of late years. In considering the nature of the lesions of syphilis, Dr. GOWERS pointed out that there are some which are special and peculiar to syphilis, and others in which the characters of the change could not be considered peculiar, but only its situation and distribution. Strictly speaking, syphilitic inflammations and gummata are, as regards their interference with function, analogous to simple inflammatory and neoplastic processes; but their mode of onset, their affinity for certain selected parts, and their relation to previous syphilitic infection determine their special character. It was clearly shown how wide is the operation of syphilis in the production of chronic degenerative diseases of the brain and spinal cord, and yet the determination of this relationship is mostly the outcome of well-ordered inference rather than of direct proof. When, however, we consider the incidence of syphilis, the frequency with which individuals are exposed to infection without showing any but the most trivial signs of such infection, even the cautious conclusions of Dr. GOWERS, sufficiently striking as they are, doubtless fall within the mark. There can be no question of the widespread influence of this disease as a factor in the etiology of nervous disorder. As regards the symptomatology of syphilitic nerve lesions, Dr. GOWERS pointed out that the symptoms were not peculiar, although a non-specific lesion might give rise to many indications not common to it and the specific. The pathological knowledge of the locality of specific lesions and of their gradual development are of great importance in determining a diagnosis, which has often to be made in the absence of a history of infection. Dr. GOWERS dwelt at length upon the arterial lesions, and supplied some very interesting facts concerning the period in which such lesions occur after infection, and the importance of premonitory symptoms in the diagnosis of hemiplegia due to such arterial blockage. His protest at the close of his second lecture against a tendency to underrate the value of a full and careful diagnosis was valuable, and his emphatic reference to the subordination of diagnosis to treatment equally appropriate.

The questions of prognosis and treatment, which were dealt with in the third lecture, bore throughout the somewhat disheartening, if true, burden, that a far too sanguine view is generally taken as to the former, and far too much reliance placed on the efficacy of the latter. The profession need to be reminded that, much as can be done by treatment in modifying the course of syphilis, and in removing specific products, there are changes left behind every syphilitic lesion which are not specific, which are permanent, and which are beyond the reach of remedies. Nor is this all. The conclusion forced upon the mind of the lecturer, as on many others of great experience in the domain of syphilis, was that the disease is practically incurable. This view means that once a syphilitic always a syphilitic, with a liability to some one or other of its serious and deep-seated manifestations. This conception of the disease places it apart almost from any other known affection, unless it be leprosy, the progress of which, however, is far more obvious and more rapid. Syphilis, like leprosy, doubtless owes its source to an organised virus; and if so, what a remarkable idea is raised as to the persistence and the capability of transmission of a disease acquired through the introduction into the system of an infinitesimal microbe! It would further follow from this hypothesis, that, if the morbid activity of the virus come to an end, it is because of its self-limited career, and not that there is any proven antidote to the poison itself. No wonder that the only right and just conclusion, which has a moral as well as a medical sanction, is that the eradication of the disease lies in prophylaxis, which Dr. GOWERS so eloquently and rightly referred to in the closing words of his remarkable lectures.

MR. ANNANDALE read a paper at the Medical Society of London on Monday last, which ought to attract the attention of surgeons. It consisted of a brief description of cases in which he had considerably extended the application of an old surgical principle; indeed, so much extended it that the practice he pursued is to all intents and purposes a novel one. Mr. ANNANDALE says that he and other surgeons meet with cases of large sores which cannot heal because their thin edges are held agape by the bone beneath. Instead of resorting to amputation for these cases, he urged that a sufficient length of the bone or bones of the limb should be excised to permit of the approximation of the edges of the sore and its speedy cicatrisation. Other cases occur, particularly after burns, where an extensive, deep, and tight scar flexes a joint, effectually prevents extension, and in that way seriously cripples the patient. These cases have heretofore been left alone, or ineffectual attempts have been made to splice or stretch the scar. The author of the paper has dealt with them in quite a different way. If the soft parts are too short to permit of the use of the bones beneath, and cannot be lengthened, he shortens the bones. He has, therefore, excised considerable lengths of the bones

of the elbow, and has obtained good results—useful movable joints. Again, he has applied the same principle in a case of fracture of the tibia with comminution, where, when the loose fragments of the bone had been removed, a gap remained which failed to fill up with osseous tissue. A corresponding length of the fibula was removed, which allowed the two ends of the tibia to be approximated and to unite. All these cases are extremely interesting, and form a valuable addition to our knowledge. The treatment is, in reality, an example of "conservative surgery." Hitherto, in such circumstances, the choice has lain between a useless limb and amputation. And the sacrificing of a small portion of a member to restore the function of the whole is but a new application of the old principle of "conservative surgery." The operations also belong to the great group of "plastic operations," only their main feature is the removal of sound parts, not their transplantation. But most surgeons will be disposed to regard these cases chiefly as fresh evidence of the widened scope which the introduction of the aseptic treatment has given to surgery. In the pre-aseptic times no one would have thought of such operations, still less would they have been carried out to a successful issue. It is important to insist upon the point that the scope for these operations is very limited, that they will rarely or never be indicated in the primary treatment of lesions, and should only be resorted to in later stages, when other measures have been fairly tried and have proved ineffectual.

In the discussion which followed the reading of his paper, Mr. ANNANDALE incidentally mentioned another case which also has extreme interest. It was that of a patient who, as a consequence of disease in the lower end of the tibia, had elongation of that bone, which produced a condition like talipes valgus. To remedy this he divided the fibula and put the foot straight. This produced a gap between the cut ends of the fibula, which ultimately filled up with bone. This is in itself a striking enough case, but when placed alongside of that in which a piece had to be excised from the fibula because a gap in the tibia would not close, it becomes still more striking and important. It starts the inquiry why in one case the gap filled up and in the other it failed to do so. Was it that the nutritive activity in the bone skilfully divided by the surgeon was greater than in the bone which had been ruthlessly crushed in an injury? The case is also of interest from the light it throws upon the cause of non-union in fracture of the patella or olecranon. If separation *per se* is no bar to bony union of a divided fibula, it cannot be *per se* the cause of want of bony union in a broken patella. It may be, of course, that in the brief mention of the case certain important particulars, such as the rapidity with which the displacement of the foot was corrected, were omitted, and that these may afford an explanation of what now appears to be enigmatical. In any case, a fuller record of the case is desirable.

Mr. ANNANDALE'S second paper on Section of the Xiphoid and Costal Cartilages for the Relief of Severe Gastric Symptoms was very interesting, but the question it raised is complicated by conditions of which we know as yet very little. For the present we must be content to recognise the case as an isolated experience, and to postpone inference or explanation until we know far more of the effects of abdominal operations than we do now.

THE discussion started in the November number of the *Nineteenth Century*, and to which at the time we drew attention in these pages, is revived and continued in the present number, without, however, any very material addition to the issues raised. The general current of opinion sets clearly in the direction which we have already indicated. There has not, indeed, been any absence from the arena of parties who maintain a different view. The successful candidate and the successful "coach" have both been heard to say what they could in favour of the examination system under which they have achieved their successes, and it is natural that they should feel an affection for it. But the great majority of those who have expressed any opinion at all are keenly alive to the shortcomings of the existing system; nor has anybody, so far as we are aware, attempted to deny the existence or the importance of those defects which we have specially singled out for condemnation—namely, the tendency to sacrifice physical to mental development, and to substitute competition among individuals for competition among types. It has, indeed, been said that the great interest manifested on all hands at the present time in gymnastics and athleticism applies the needed corrective to the tendency to damage the physical constitution by over-study. But though to a small extent this may be true, and it may well happen that our universities and public schools profit by the principle, it is plain that its reach is only limited, and that false notions, or shall we say partial notions, as to what constitutes proficiency, are responsible for a great deal of havoc wrought in regions to which this remedial influence does not extend.

Mr. GALTON suggests a supplementary examination in which the physical qualities of the candidate would be the subject of investigation, and he is able to show by reference to the work which has been done at his physiological laboratories that some very useful tests can be applied at a very small cost of trouble and expense. For some purposes such an examination would be exceedingly useful, and when the object is the selection of candidates for the public service we think that it might with considerable advantage be applied. It would not supersede medical examination, for the simple reason that it would not, and it could not, be directed to the detection of latent disease or unsoundness; but it would at least direct the attention of candidates to the important object of maintaining a high standard of physical efficiency, and it might serve now and then to weed out candidates whom feeble constitution or the weakness entailed upon neglected powers has rendered totally unfit for the employment sought.

But this, though an important object, is not the only or at all the principal object which we have had in view in emphasising the importance of guarding the physical health and promoting physical development while cultivating the mind. Whatever the career which lies before the boy or girl, good health will assuredly be one of the prime conditions of success. And here we are not using the word success in any merely competitive sense. It may be that,

in a competition between A and B, B gets worsted. To that extent he is unsuccessful. But his failure does not shut him out of a career altogether. He has failed in one attempt, therefore it behoves him to make another in the hope and resolve that he will graft a scion of success upon this stock of failure. Now good health and developed faculties are just as important to B in the career to which he is driven as to A in the career which he has chosen; and hence, since the failures must always be more numerous than the successes, it becomes a matter of even greater national importance to secure those who will not eventually distinguish themselves from the prejudicial effects of over-exertion in a struggle in which they are overmatched than to protect the successful competitors from alloying their success with damaged health. We do not think that the supplementary examination which Mr. GALTON proposes would effect this object; indeed, we imagine that its reactive effect upon education would be but slight. The diffusion, however, of sound doctrine in relation to this matter would do much to apply the necessary corrective. The Bishop of CARLISLE, reciting the experiences of his own student days, tells that he has "a keen recollection of preparing for the Senate-house by a gallop with five or six friends over the Gogmagogs." This is the true philosophy of education, and though the galloping horse and the Gogmagogs may be equally beyond the reach of nine hundred and ninety-nine students out of a thousand, there is no reason in the world why everyone should not be made to believe and realise that honest work and exhausting toil are totally different things, and that the examination-room demands not only a well-stored mind, but also and equally well-strung nerves and healthy blood.

IT is at all times difficult to frame legislative measures so as to be an unmixed benefit. Progress in any particular direction is almost invariably accompanied by a certain amount of retrogression. Attention too exclusively devoted to one particular object necessarily implies at least the probability of comparative disregard of others. Periods of special activity are always followed by reaction, during which the opinion gains ground that while much has been gained something also has been lost. While in many ways the general facilities for the study of medicine are improving, there can be no doubt that the advance is by no means universal or equal. The regulations and requirements of examining bodies are constantly being amended so as to embrace some fresh detail, to impose some fresh task. The earlier scientific branches doubtless receive more attention at the present time than they did a few years ago. There is a gradual concentration of energy upon the earlier portions of the curriculum, while what to many already in the profession seems the most important branch of study, the actual examination of patients, is relegated to a lower and more insignificant position. Quite apart from this tendency, which so much diminishes the value of hospital teaching, there are other causes of imperfection rapidly gaining ground. Hospitals do not deal with very many cases which the young practitioner is bound to encounter. We have often directed attention to the wealth of clinical material which is for the present so securely locked up in the large workhouse infirmaries. The resolution moved by Dr. SEATON at the last meeting of the College of Physicians very seasonably deals with another reason for the imperfect education of our students. Paradoxical as it may seem, it is none the less true that with increasing public measures for the isolation and treatment of infectious fevers the opportunities of study are diminishing. On the first suspicion the excellent ambulance service transports fever cases to the fever hospitals of the Metropolitan Asylums Board, and, if the diagnosis is correct, the doors are closed upon these cases until they are free from the risk of communicating the disease to others. So far as the public safety is concerned, this seems an admirable system; but we have it on Dr. SEATON'S authority that mistakes in diagnosis are now more common than they used to be. In other words, London students and London practitioners have fewer chances of watching these cases, and the result is telling upon the work of the profession. The older facilities have been swept away before legislative measures intended to protect the public and to limit the spread of infection, but with the removal of danger diagnostic power is deteriorating from lack of working material, until it may be questioned whether the power of recognising a case of small-pox in its early stages may not soon become a lost art to the rising generation. That there are difficulties in the way of opening the fever hospitals for clinical study will readily be conceded. The greatest difficulty to be encountered is the fact that these hospitals are at present closed against students by Act of Parliament. This measure is not, however, likely to stand in the way if it can be shown that clinical study in them is necessary, and that it can be pursued with safety and due order. Other difficulties were suggested by Dr. SAMUEL WEST in seconding the resolution alluded to, and these were connected with the risks of infection from the frequent coming and going of students, and the supposed difficulty of maintaining due discipline among students drawn from a number of different hospitals. Upon the latter point we have but little anxiety. It may safely be assumed that those who desire to avail themselves of any facilities that may be granted will be precisely those men who from their zeal can best be trusted to appreciate their privileges, and to require no restraining rules and regulations. The possibility of infection is a more serious difficulty, and it is one which, in the absence of a regulation from the examining boards enforcing study at a fever hospital, may perhaps deter many less zealous students from availing themselves of any opportunities that may be afforded them. This will doubtless receive due consideration at the hands of the very strong committee appointed to investigate this question. The matter is certainly one which points to a serious defect which has been gradually forced upon our educational system. No one would desire to return to the former mode of dealing with fever cases; but, on the other hand, public safety is certainly being imperilled by the present exclusion of students from fever hospitals. This result was surely not contemplated when the existing regulations were made, but the recognition of the defect should now lead to a satisfactory solution. Until the fever hospitals are rendered available for study it is impossible to refute one of the most cogent arguments in favour of the old system of pupilage.

Annotations.

"Ne quid nimis."

THE ESTIMATED POPULATION OF ENGLAND AND WALES.

THE urgent need for a more frequent numbering of the people in a country like our own, where the rate of increase is rapid, and at the same time fluctuating, has recently been urged with considerable unanimity. The want of a quinquennial census will discount at an increasing rate the value of all vital statistics requiring a population basis to be issued from time to time until the middle of 1891, when the unrevised results of the next census will be published. The Registrar-General, in the opening of his recently issued fiftieth Annual Report, discusses in some detail the probable amount of error involved in the official estimate of the population of England and Wales in the middle of the year 1887. This estimate is based upon the hypothesis that the intercensal rate of increase between 1871 and 1881 has since been maintained. This method gives an estimate of 28,247,151 for the middle of 1887, and it is not without interest to consider the approximate accuracy of this estimate. It is known that since 1881 the birth-rate has been exceptionally depressed, and that the recorded emigration has shown a marked excess; and on these grounds it has been asserted that the official estimate in all probability considerably exceeds the true number. In examining the trustworthiness of this allegation, it is pointed out that the English annual birth-rate, which was 35·5 in 1871–80, fell to 32·9 in the seven years 1881–87, but that this fall in the birth-rate has been almost precisely balanced by the decline in the death-rate. The annual death-rate, which was 21·4 in the ten years 1871–80, fell to 19·2 in the first seven years of the current decennium. Thus, the annual rate of natural increase, by excess of births over deaths, was 14·1 per 1000 in 1871–80, and 13·7 in 1881–87. This difference is scarcely appreciable, and the loss of population due to excess of emigration remains to be considered. The official records of emigration and immigration are admittedly imperfect. The records of emigration are limited to emigration to countries outside Europe; our immigration returns are notoriously imperfect, and no attempt is made to record the "interchange of population between this country and the rest of Europe, or between England and Wales and the rest of the United Kingdom." Taking our records of emigration to countries outside Europe to be an index of the entire emigration, the Registrar-General reports that the number of English and Welsh emigrants in the six and a quarter years between the census in 1881 and the middle of 1881 was 981,502, and very nearly equal to the number in the ten years 1871–1881. The Registrar-General usefully, however, calls attention to the fact that has been pointed out by Mr. Giffen, that "an increase of emigration is almost always accompanied by an increase of immigration." He further calls attention to the comparatively small proportion of emigration from England and Wales that is not balanced either by the return of emigrants or by immigration from Europe or other parts of the United Kingdom. Judged by the results of the four census enumerations in 1851, 1861, 1871, and 1881, and of civil registration in the thirty years 1851–80, it appears that the recorded emigration of more than two and a quarter millions of persons in that period resulted in a net loss of only 365,386 to the population; in other words, the excess of registered births over registered deaths in the thirty years exceeded the increase on the enumerated population during that period by not more than that amount. Thus the Registrar-General points out that the loss to the population in the thirty years on the balance between emigration and immigration was rather less than 16 per cent. of the recorded number of emigrants. Using this proportion as a measure of the probable effect of recent emigration upon the population, we are told that if to the enumerated population in 1881 be added the excess of births over deaths between that date and the middle of 1887, and if the 16 per cent. of recorded emigration be deducted as net loss, the population, estimated by this method to the middle of 1887, is 28,150,169, which figure is not quite a hundred thousand less than the number estimated by the usual official method. Tested in this manner, the official estimate shows an excess of little more than 3 per cent.—an amount which would not appreciably affect the calculated rates of marriages, of births, and of deaths dealt with in the Registrar-General's Annual Report. It is satisfactory to find that the fears of some pessimists lest the recent marked decline in the recorded English death-rate might be due to an over-estimate of our population may be regarded as groundless. The Registrar General, however, calls attention to the fact that while this hypothetical method of estimate affords a fairly approximate estimate for the whole of England and Wales, "where abnormal increase in one part is almost certain to be counterbalanced by abnormal decrease in another," it is not applicable to small communities, the trustworthiness of the method being directly proportionate to the magnitude of the population. In order to supply trustworthy estimates of population in towns and sanitary districts, it is impossible to doubt the necessity of more frequent census enumerations.

THE DRAINAGE OF CAMBRIDGE.

FOR years past the unsatisfactory condition of the whole sewerage system at Cambridge has been the theme of many a report and the subject of unfavourable comment on the part of the press, without as yet producing much effect. Local tinkering has been done here and there; a new sewer laid down in a new district, adding its burden to the already overstrained main drainage; an old sewer repaired and enlarged; ventilation attempted where possible. Nothing short, however, of a thorough reconstruction of the entire system can lead to anything like a satisfactory result. The old drains are not only "leaky," but many are practically useless owing to the want of proper supervision. Although in any scheme the desirability of ceasing to pour the sewage into the river is of the highest importance, nevertheless the most urgent necessity at the present moment is the removal of the stagnant sewage from the street sewers and house drains. The medical officer of health has already pointed out the danger that threatens the town from the poisonous condition of the sewers, and now Mr. Wood, the engineer and surveyor to the Improvement Commissioners, has, in a report to that body, stated that his examinations of the sewers and drains have strengthened and intensified his view of the "utter unreliability and positively dangerous condition of the existing under-drainage of the borough, and of the consequences which inevitably must result in case of a serious outbreak of epidemic disease." Now that the Improvement Commissioners have such a report from their own engineer, it is to be hoped some action may be taken; but this is doubtful. Stronger representations than this have been made before, and schemes propounded, and yet nothing has been done. As far back as 1874, after the epidemic of enteric fever, which even invaded one of the large colleges, the Local Government Board took up the matter, and an imperative order was made on the Commissioners to adopt an efficient system of sewerage, but that order to this day has remained unattended to. The mode of escape has always been the cry against unnecessary expense, the death-rate of the town remaining low. This plea of a low death-rate is, as we have often shown, quite fallacious. In

a growing town like Cambridge, where there is a constant increase of the population going on, especially of young healthy lives like those of the undergraduates, the death-rate loses its significance as a means of judging the health of the town. Moreover, whilst the Colleges go to swell the number of the population, they have for the most part rendered themselves independent of the town system of sewerage, and so are but little affected by the evil; it is only the poor out-living student who suffers in his small lodgings, and even in some of these we learn that earth-closets have been introduced. No one, however, can visit Cambridge without being convinced that it is only a question of the introduction of an epidemic disease for a serious and widespread mortality to occur. Should the disasters of 1874 be repeated, they would now call for severer censure than they did then, for we are now better educated as to our duties in sanitary matters, and recognise the responsibilities that attach to those in authority who refuse to be taught by the lessons of the past, or avail themselves of the improvements of modern sanitary experience.

THE EDUCATION OF GIRLS AND OVER-PRESSURE.

THE many-sided theme of education is continually presenting new or altered features, interesting no less to the social reformer than to the teacher. The very nature of the work, indeed, is such that it must part with that enterprise in thought and endeavour which is its motive power, in order to give any assurance of safety which would deprive the former of his occupation. The more vigorous its activity, the greater need of his watchful care, lest over-zeal should work injury to the learner. Of no time was this ever more true than of the present. In all directions we may easily see the need of a controlling influence, a counter-zeal for temperance, which, though it must not be of that negative kind which dreads all strenuous effort as though every brain were feeble, must, at the same time, insist that the pressure of work shall not be uniform, but shall take due account of the varying aptitudes and powers of individuals. Good service was done for the cause of moderation by Mr. James Oliphant, of Edinburgh, in the course of a recent lecture on the education of girls. After condemning a too prevalent impression that the training of boys and girls should be governed by the same rules, he proceeded to discuss the general tendency to over-strain in education, its effects, and its proper treatment. Physical deterioration, he said, could best be prevented by a suitable distribution of studies during the day, and by allowing hourly short interludes of muscular exercise. Mental and general nervous over-strain was treated of at greater length and in the same judicious manner. There was, he remarked, in our modern plan of study, too much reiteration and too little thought, a consequent sense of drudgery and a lack of the interest which comes of using the reasoning power. Home-lesson work had become somewhat of a tyranny, and might with advantage be lightened and rendered more interesting. There was some force also in the observation that possession of special aptitudes did not justify the preference often given to these in cultivation, at the expense of less developed faculties. The overgrowth of the competitive system was another topic which received a well-merited censure. It is to be hoped that these timely remarks as coming from a teacher of experience, and addressed to parents, will not fail of their due effect in forming opinion on an important subject in the northern centre of education. We would wish for them a much wider influence, and we trust that the delusive attraction of immediate results will not much longer induce teachers or teaching bodies to countenance the present system of cram. Injurious alike in the case of male and female pupils, it must and does tell with especial force on the more sensitive nervous systems of the latter, and the fact implies a caution which parental responsibility cannot afford to overlook.

ACTINOMYCOSIS HOMINIS.

THE unusually large gathering at the Royal Medical and Chirurgical Society on Tuesday last was amply rewarded by the unique demonstration furnished by Professor Crookshank of specimens of bovine and human actinomycosis, in illustration of the case read by Dr. Douglas Powell on behalf of himself, Mr. Godlee, Mr. Taylor, and Prof. Crookshank. For the first time in this country the morphology of this remarkable fungus has been fully displayed; and there could have been few present on the occasion who did not learn much at this instructive meeting. The case itself was highly interesting. The simulation of empyema and of pulmonary cancer, the failure to detect pus on the first exploration, the hectic course of pyrexia, the surgical intervention which revealed the peculiar character of the disease, and the establishment of the correct diagnosis by microscopical examination of the material evacuated — these and other points render the record valuable clinically. But many additional facts were also brought to light in this communication and in the discussion that ensued, which turned largely upon the question of identity between the bovine and human disease. In spite of some singular differences, there is little room for doubting that the two affections are identical, these differences depending upon what Professor Crookshank terms the "polymorphism" of the fungus. The most striking point in this respect was that alluded to by Dr. Theodore Acland—viz., that whereas in Germany in the specimens described most stress has been laid upon the radial arrangement of club-shaped bodies, the English observers on human actinomycosis have often failed to detect these bodies, but have described a delicate, thread-like mycelium as the most constant feature. Prof. Crookshank showed that this mycelium was more likely to be detected in specimens that have long been preserved; but, what was more remarkable, he found that reagents which would stain the club-shaped bodies in actinomycosis bovis did not stain these structures in actinomycosis hominis, but selected the mycelium. In Dr. Powell's case both Mr. Taylor and Professor Crookshank were, however, able to detect mycelium and also the club-shaped rays, whilst the latter discovered a method whereby he was enabled to demonstrate a direct connexion between these two constituent parts of the fungus. From this he not only harmonised the German and English observations, but was justified in suggesting that the characteristic "clubs" were really the organs of fructification of the fungus. This view, which appears to be highly reasonable, would at once clear up the question as to the position to be assigned to actinomyces in the vegetable kingdom, and add further interest to its parasitic character. Mention must also be made of the successful cultivations in nutrient media made by Prof. Crookshank, and of his inoculation experiments, which proved the identity of the human and bovine forms. No doubt, as Dr. Skerritt suggested, actinomycosis hominis is more common than has been suspected. Many anomalous cases of hepatic abscess and thoracic disease may find an explanation here; whilst, as regards actinomycosis bovis, Prof. Crookshank averred that the disease was one of the commonest amongst cattle in this country, it being the true explanation of a multitude of affections collected under various names in the nomenclature of veterinarians: all which seems to reveal a new

field of research, whilst it may add one more to the many additions to exact knowledge that have been revealed by the microscopist.

INFANT LIFE PROTECTION.

WHEN the Infant Life Protection Act was passed in 1872, it was the belief of all parties that the measure would be speedily followed by another statute which would supply its admitted deficiencies and carry out to its logical issues the principle which that Act embodied. The Act was promoted by private members who had been defeated in the previous session in an attempt to pass a more ambitious measure, and thought it better to accept an instalment of the legislation which they desired than to risk another entire failure. It is not surprising, therefore, that the Act works only very imperfectly; and we can easily believe that the medical officer of health in Liverpool has only too much ground for his opinion that in the district under his charge it has been a failure. It is probable that the like conclusion might be supported by the experience of many other places. It may well be hoped, therefore, that steps will be taken at no distant date to make good the proved and confessed defects in the Act, and it may even be assumed that there will be something like a common agreement as to the main lines upon which amendment must proceed. It has, for example, been from the first a weak point, to which criticism has been directed, that the Act only applies to persons who take charge of more than one infant at a time. The reason for the exemption was twofold. In the first place, the crime which the Legislature was desirous to repress was commonly associated with establishments where many children were collected in one place. There can, indeed, be no question that these presented the instances of "crying evil" which had aroused public indignation. On the other hand, the desire was strong not to interfere needlessly with poor women who, in a homely and strictly domestic way, might take a child to nurse. It is manifest that in any attempt to supplement the existing law these considerations will still need to be taken into account, for it may well be that, as has been urged again and again, the placing of difficulties in the way of getting children put out to nurse is but an ineffective way of affording protection to infant life. It may be that the precautions taken to repress one form of crime act as stimulants to another form, and thus the best-intentioned plans may fail of their object, with disastrous results to those whom they are intended to benefit.

AN UNUSUAL CAUSE OF ASTHMA.

PROFESSOR LEYDEN had recently under treatment a young lady who suffered from extremely irritable cough, with some pain in the neck. The diagnosis he made was that of bronchial catarrh combined with asthma. The remedies he prescribed were of little use. He then sent the patient to Schwalbach, but this also proved of no avail. It was then proposed that she should spend the winter in a warm climate, when she appeared one day with the gratifying intelligence that she was now quite well. Upon drinking a cup of tea that morning she was seized with an exceedingly violent fit of coughing, so that she thought she would have been choked. Suddenly, however, she coughed up a small portion of bone, and having got rid of that her cough was at an end. It seems that some eight or nine months previously she swallowed a piece of bone while eating, which caused a most violent attack of coughing. She immediately sought the aid of a medical man, who passed a probang, but found nothing. Ever since that time she had suffered from the cough and from severe pains in the throat, for which she ultimately consulted Professor Leyden. It is impossible to say exactly where this splinter had lodged, but having sharp points, these were probably embedded in the mucous membrane of one of the bronchi. A somewhat similar case is mentioned as having occurred under the care of Professor Bardleben in the Charité, Berlin, where a case of persistent hoarseness was found after death to be accounted for by the lodgment of a coin (a one-mark piece) below the right vocal cord.

THE BIRMINGHAM INFIRMARY.

IN a recent number we commented on a letter which Mr. Lawson Tait had addressed to the Birmingham guardians, proposing the appointment of an honorary consulting staff to the Birmingham Workhouse Infirmary. Mr. Tait, it will be recollected, had suggested that this consulting staff might give an additional appearance of strength to the medical staff, which he thought could not but increase public confidence. We expressed the hope that Birmingham would aim at something more than a mere appearance, and we now learn with satisfaction that Mr. Tait's proposal has been declined. In a letter addressed by the clerk to the board to Mr. Tait, it is stated that the guardians hope and believe that the arrangements they have made for medical attendance are sufficient, and of a high order; but if after a trial it is found to be in any way wanting, they are quite prepared to increase it as may be necessary. The guardians are to be congratulated upon their avoidance of a course of action which we think should not have been proposed to them; the appearance of strength referred to might have seriously stood in the way of the appointment of the effective staff which we believe to be still necessary in the interest of the sick poor. The expressed willingness of the guardians to supplement the existing staff if it should be found that the arrangements already made are insufficient is the best promise that eventually the inmates of this institution will receive proper medical attendance. It is only to be regretted that the cardinal blunder of massing together so large a number of persons in one institution cannot equally be remedied.

NOTIFICATION OF INFECTIOUS DISEASES.

AN important step has been taken by the Local Government Board in regard to the notification of infectious diseases. For a considerable period Dr. John Tatham, the medical officer of health for Salford, has received from the medical officers of health of districts in which notification was enforced, returns showing the number of cases from the several diseases reported to the local authorities. These returns have been compiled by Dr. Tatham, and the results communicated to the various officers from whom local information was received; thus he has shown that it was possible to make the experience of many localities available for general use, and for the study and prevention of infectious diseases. The highest credit is due to him for the successful accomplishment of this self-imposed task, and, with his colleagues who have been associated with him in this good work, he will receive the thanks of all interested in the prevention of disease. So regularly have these returns been compiled and issued that Dr. Tatham's task is at an end. The Local Government Board has recognised the possibility of depending upon the various medical officers of health for similar periodic returns, and thus for the first time in this country is instituted a central bureau for the receipt of information of the kind stated, and such as has been declared by international congresses to be necessary in the interest of all countries. Dr. Tatham, in issuing a circular letter to his coadjutors, bears witness to the cordial assistance which Dr. Buchanan has rendered during the lengthened negotiations which preceded the Board's decision to act as collator and distributor of sickness

returns for the country generally; and we may add our own congratulations to both these gentlemen upon the successful completion of a work which in future will be able to be turned to good account for the prevention of infectious maladies.

JENNINGS v. SNOW.

IN our last issue we gave a report of the proceedings in this case, which occupied several days in the Queen's Bench Division of the High Court. We now direct attention to one or two lessons suggested by the litigation, which the medical profession must heartily deplore. In the first place, whenever consultations are systematically held at any large public institution, the conditions and regulations under which they are held should be distinctly and fully stated, and if the majority of the medical staff taking part in the consultation should come to the conclusion that the line of treatment proposed by the officer in immediate charge of the case is inadvisable, their decision should be accepted. This would at once remove all individual responsibility, and at any rate time would be given to allow of further developments. It will be seen at a glance, on reviewing the evidence given last week in the Queen's Bench, that if consultations are provided for and regulated by the governing authorities, there may even yet be an opportunity of showing personal disrespect to any particular officer. No amount of legislation can prevent disagreement between medical men; settlement of disputes must be left to their sense of fair play and good fellowship, and, if they find that unanimity is impossible, they at least should agree to differ on friendly terms. Nothing militates more against the interests of the patients than ill feeling and misunderstanding between the members of the medical and surgical staff of a hospital. We cannot say that the jury took other than a correct view of the merits of the case when they found a verdict for the plaintiff. Nevertheless, the award of comparatively trivial damages seems to indicate that they wished to convey that the offence was not a very heinous one. Reading between the lines, we opine that the occasion of the consultation on the case of Mary Clark was not the be-all and end-all of the variance that existed between the plaintiff and the defendant. In fact, as the presiding judge clearly put it to the jury, they must find for the plaintiff, even though the communication which formed the subject matter of the trial was true and privileged, if they were of opinion that the defendant had gone out of his way to use the occasion for an indirect and improper purpose. We trust that the moral to be drawn from the litigation under discussion will not be lost on those institutions in which professional consultations are habitually held. The unhappy circumstance above related should lead the governing authorities to make stringent regulations for the conduct of the executive, and the latter should be prepared to give and take, at once for their own comfort and for the welfare and happiness of their patients.

UNCERTIFIED CAUSES OF DEATH IN 1887.

THE Registrar-General, in his recently issued Fiftieth Annual Report, dealing with the statistics of England and Wales in 1887, calls attention to the fact that the causes of 17,465, or 3·3 per cent., of the deaths registered in that year were not certified, either by registered medical practitioners or by coroners in inquest cases. The registration of so large a number of deaths without due certification implies an undoubted defect in our national system of registration; but it is in a manner satisfactory to learn that the proportion of those uncertified deaths has been steadily declining in recent years. It was 4·7 per cent. in 1879, and has since fallen to 3·3 in 1887. The varying proportion of these uncertified deaths in different parts of England and Wales is not without interest. In the metropolis the proportion in 1887 did not exceed 1·1 per cent., and in the extra-metropolitan parts of Middlesex and Surrey it was 0·8 and 1·5 per cent. respectively. In the other English counties the proportion ranged from 1·3 in Wiltshire, 1·4 in Monmouthshire, 1·8 in Buckinghamshire, and 1·9 in Sussex, Hampshire, and Somersetshire, to 5·0 in Westmorland, 5·5 in Durham, and 5·7 in Herefordshire. In Wales no less than 7·4 per cent. of the registered deaths were uncertified, the proportion being 7·0 in South Wales and 8·4 in North Wales; even these high percentages are said to show a considerable decline from the proportions in recent years. The large proportions of uncertified deaths in many parts of Wales, and even in some sparsely populated parts of England, are undoubtedly due in a great degree to difficulties in obtaining medica attendance; but the high percentages in many other districts, especially among the mining population of the county of Durham, call for inquiry.

PROFESSOR HORSLEY ON HYDROPHOBIA.

AT the meeting of the Epidemiological Society on Wednesday last, Dr. Thorne Thorne, President, in the chair, Professor Victor Horsley, F.R.S., read a highly interesting paper on "Rabies, its Treatment by M. Pasteur and the Method of its Detection in Suspected Cases." He described tersely the symptoms of rabies and its morbid anatomy, and gave a clear account of the Pasteurian method, which he showed had reduced the mortality from hydrophobia in patients bitten by indisputably rabid animals from 15 per cent. to 1·3 per cent. Professor Horsley also showed the striking results obtained towards stamping out the disease by legislative restrictions, and his appeal to the Government to take steps to enforce such legislation in this country was endorsed by many speakers. The address was illustrated by lantern drawings, and was followed by a discussion, in which Professor Brown, C.B., Sir W. Moore, Dr. Whitelegge, Dr. Dolan, and others took part.

WEATHER FORECASTS.

THE Annual Report of the Meteorological Council of the Royal Society has just been published, and brings the weather record down to March 31st last. From this it appears that the work of our Meteorological Office has gone forward upon the accustomed lines, and very much with the accustomed results. Of the daily forecasts issued, rather more than one half proved completely successful; rather fewer than one-third fell short of complete success but not so far short as to be classed as failures, to which last category about one-sixth of the whole number must be relegated. These results conform fairly well to those of previous years, and serve to show that if on the one hand no great advance has been made in the art of weather forecasting, on the other hand the Office has proved quite equal to the discharge of its duties in the somewhat capricious weather of 1887-8. In the record of work done and communications received, we observe that the Council speaks in language of warm appreciation of a series of observations made by officers of the Army Medical Department both at home and abroad during the years 1866 to 1884. It is stated that these materials will supply information as to the climatology of many parts of the world about which comparatively little is at present known, and we are glad to understand that they are being prepared for publication, as no doubt they will reveal those aspects of the subject which are of especial importance from a medical point of view. We hope also that they will tend to promote the introduction into these meteorological reports of a broader and more generalised form of statement than is at present familiar. There

is in scientific investigation nothing like the bed rock of original facts, but we sometimes feel that the Meteorological Council's report is a little overlaid with detail and a little wanting in the generalised statement of results.

THE EDINBURGH UNIVERSITY CLUB.

THE Club dined on Wednesday evening at the Holborn Restaurant. Sir Andrew Clark, who was in the chair, descanted with easy and happy eloquence on the career of the University and on the necessity, for all universities, of organisation to resist the enemies of research and culture. He remarked that this was the silver wedding day of the Club, and he signalised the occasion by a very beautiful gift to it, consisting of a silver lamp for use when the members reach the smoking stage of the entertainment. The health of the chairman was proposed by Mr. Finlay, Q.C., and the toast of the visitors was responded to by Professor Alexander Macalister of Cambridge, who, as a native of Scotland, a graduate of Trinity College, Dublin, and a professor of Cambridge, felt some compensation for the misfortune of not being a graduate of the University of Edinburgh. At the annual meeting preceding the dinner satisfactory reports were read by the secretary and treasurer, showing that the members and the investments of the Club were steadily increasing. Sir Andrew Clark urged all members to make a point of bringing one at least of their fellow-graduates not yet connected with the Club into its membership.

THE FORMATION OF HÆMOGLOBIN IN THE SPLEEN.

DR. KRIEUGER, of Dorpat, has made a number of experiments on cats with the aid of Hüfner's spectro-photometer, for the purpose of discovering whether the amount of hæmoglobin contained in the splenic artery is greater than that in the splenic vein. He found that the quantity of blood in the splenic vein amounted to 9·52 per cent., while in the artery it was only 9·28 per cent. From these researches he came to the conclusion that hæmoglobin is actually formed in the spleen. The results are quite consistent with those obtained by different methods by Drs. Malassez and Picard in France and by Drs. Pashiutin and Vinogradoff in Russia. It is of course well known that there is a considerable quantity of iron in the tissue of the spleen, consequently there is no inherent improbability in Dr. Krieuger's theory.

INFECTIOUS DISEASES IN SCOTCH PORTS.

A COMMITTEE of the Greenock Police Board has been appointed to communicate with the Secretary of State for Scotland as to the question of dealing with small-pox patients from vessels arriving at the Tail of the Bank. Hitherto, apparently, Greenock has been saddled with the entire responsibility and expense of these patients—an arrangement admitted to be unfair by Dr. Russell of Glasgow. We should have thought that the constitution of port sanitary authorities for river estuaries and harbours in Scotland, on the lines of those just permanently made round the English coast, would have been the best arrangement; and that, much on the model of the London port district, the whole of the Clyde should be one port sanitary district, containing at a suitable point proper hospital accommodation for the reception of all infectious diseases imported by vessels. The various riparian and interested sanitary districts would then contribute to the cost, and the efficiency of the scheme would be made more complete by the enforcement of a system of compulsory notification, such as is already adopted in a number of English port sanitary districts.

METROPOLITAN ASYLUMS BOARD.

WE observe with satisfaction that the managers of the Metropolitan Asylums District have, on the motion of Mr. Felce, adopted the recommendation of the General Purposes Committee, to the effect that the North-Western Hospital, or so much of it as is necessary, shall be kept open for the treatment of acute cases arising in the district allocated to that hospital, the Northern Hospital only being closed. We are convinced that this is a proper course to adopt. The complete closing of the North-Western Hospital would have led to the dispersion of the staff, with the great disadvantage that, if in a few months the institution had again to be opened, a new staff would have to be engaged. At the present time there is a tendency for the total number of persons in the managers' institutions to diminish, the number under treatment at the end of last week being 744, of whom one was suffering from small-pox and the rest from other forms of fever.

HYSTERIA IN THE RUSSIAN ARMY.

ACCORDING to Dr. Ozeretskofski, of Moscow, the existence of hysteria amongst Russian soldiers is by no means an exceptional occurrence. The affection presents the same diversities of form that it does amongst women. Frequently men suffering from this affection are put down as malingerers. Other cases are looked upon as instances of serious but somewhat obscure organic disease, the true nature of the case being nearly always overlooked, because it is not generally supposed that soldiers are liable to hysteria. So real, however, does Dr. Ozeretskofski consider the existence of this male hysteria, that, having had an opportunity of studying no less than thirty-eight cases in the Moscow Military Hospital, he is convinced that hysteria ought to be recognised as one of the affections which entitle the subject of it to exemption from military service.

CERTIFYING FACTORY SURGEONS.

THE deputation to Mr. Matthews of representatives of various associations of cotton-spinners, both employers and operatives, asking for the abolition of the system of medical certification of half-timers, should receive the attention of certifying surgeons, and of all interested in the protection of children employed in factories. A correspondent, Mr. Richard Clayton, whose letter we publish in another column, points out that there is as much need now as there ever was for the office of the certifying surgeon, which is obvious, perhaps, not so much for the purpose of filling up a certificate of age as for determining the fitness for work of those employed. It is, however, deserving of note that there is no demand for the abolition of the factory surgeon, but only for one branch of his duties, which, it is held, is superseded by the action of the School Board authorities. Mr. Matthews is, no doubt, prepared to answer the whole question, and as yet he has heard but one side. Mr. Clayton's letter makes a proper suggestion, which, we hope, will be acted upon without delay.

MILK EPIDEMIC AT MACCLESFIELD.

AN extensive epidemic of a scarlatinal character is prevailing in and around Macclesfield, both the urban and the rural districts being attacked. The suburban zone affected contains some of the best residential property, and amongst the localities where the disease has appeared are Upton, Macclesfield Forest, Booley, and Adlington. Upwards of a hundred cases have already occurred, and some deaths have been reported. Suspicion centres in a certain milk-supply which is used in all the districts affected; and at Upton it is stated that, of twenty houses where the

scarlatina has appeared, fifteen receive their milk from the suspected dairy. Already local investigations have been made, but even with the aid of veterinary surgeons no ailment in the cows has been discovered. Both the inhabitants and the sanitary authority of the rural district have petitioned the Local Government Board for skilled assistance in prosecuting the inquiry, and Dr. Franklin Parsons has arrived in Macclesfield with a view of undertaking the needed inquiry.

DRESS FOR THE QUEEN'S DRAWING-ROOMS.

THERE is happily some truth in the statement published by us a fortnight ago that it was intended to sanction a change in the style of court dress usually worn by ladies at the Queen's winter Drawing-room. Her Majesty has since been pleased to allow that ladies in whose case illness, infirmity, or advancing years have rendered the usual costume unadvisable, may appear in a high court dress. Permission to adopt the new modification may be had of the Lord Chamberlain, at whose office particulars as to the form of dress to be worn can also be obtained. We may mention, however, that the term "high" is, unfortunately, only a relative one. The front of the chest will still be partly exposed. This fact, and the careful restriction to ladies whose health as described is at best indifferent, must materially qualify any enthusiasm we might otherwise feel in accepting the new rule. There is doubtless some latitude for the exercise of medical opinion in rendering the word "infirmity," a point on which members of the profession who may be consulted may fairly avail themselves. We must, however, express a certain degree of disappointment that Her Majesty's concession is not in its terms as liberal as it might be, since it will exclude many, especially among the young, whose apparent health may not be sound enough to bear exposure to the treacherous character of our English climate.

IGNIPUNCTURE OF THE TONSILS.

DR. WILHELM ROTH, of Fluntern, finds that in order to reduce the size of the tonsils without risk of troublesome hæmorrhage, which is not uncommon, especially in young subjects, the best plan is to employ ignipuncture, as has been recommended by Krishaber, and more recently by Verneuil. The tonsils and neighbouring parts are first brushed over with a 10 to 20 per cent. solution of cocaine. The finest point of the thermo-cautery, heated to redness, is then inserted to a depth of about five millimetres in three or four spots a few millimetres apart from one another on the tonsils. The instrument is not allowed to remain more than one or two seconds in the tissue. The whole operation, including both tonsils, can be performed in a very few minutes without any bleeding, and with scarcely any pain. It must be repeated four or five times at intervals of two or three days, and this is usually sufficient to cause the tonsils to return to their ordinary condition.

TREATMENT OF INGROWING TOE-NAIL.

DR. THEODOR CLEMENS of Frankfort strongly recommends the employment of tinfoil in the treatment of ingrowing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelops the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax, and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil; but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and causes the nail to grow more slowly and in a more healthy manner.

MEDICAL MEMBERS OF COUNTY COUNCILS.

WE have received the following results of County Council elections in which candidates belonging to the medical profession have been successful:—

Cheshire.—Crewe (East): Jas. Atkinson, Esq., L.R.C.P. Edin., &c.
Crewe (West): Wm. Hodgson, Esq., L.F.P.S. Glas., &c.
Stalybridge: Robert Hopwood, Esq., M.R.C.S., &c.

Herts.—Watford: A. T. Brett, Esq., M.D. St. And., M.R.C.S. The following was the platform of Dr. Brett, who was the very last candidate in the field for his division, and whose election is therefore the more satisfactory:—"Sanitation; public health; all means to improve the physical, social, and moral condition of the people."

London.—Islington (West): R. Brudenell Carter, Esq., F.R.C.S., &c.
Newington (West): W. G. Bott, Esq., L.R.C.P. Ed., &c.
Paddington (North): Edward Parker Young, Esq., M.R.C.S., &c.
Southwark (Bermondsey): G. J. Cooper, Esq., M.R.C.S., &c.
Wandsworth: G. Blundell Longstaff, Esq., M.A., M.B. Oxon., &c.

Middlesex.—Finchley: Jas. Turle, Esq., M.D. Edin., &c.

Monmouthshire.—Abergavenny: S. H. Steel, Esq., M.B. Lond., &c.
Rhymney: T. Hall Redwood, Esq., M.D. Durh., &c.

Montgomeryshire.—Llanfyllin: Roger Edwards, Esq., L.R.C.P. Lond., &c.

Worcestershire.—Upper Swinford Division: Geo. Wm. Richards, Esq., M.D. Durh. In this election Dr. Richards was returned by a majority of over two to one against his solitary opponent.

ALDERMEN.

Middlesex.—E. Sparshall Willett, Esq., M.D., J.P.

Monmouthshire.—J. W. Mulligan, Esq., M.D.Q.U.I., &c.

Montgomeryshire.—N. W. Fairles-Humphreys, Esq., J.P., M.R.C.S., &c.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Pelruschky, *privat-docent* of Konigsberg; Dr. Suntsoff, medical inspector of the province of Kieff; Dr. Don Antonio Manté, formerly secretary of the Sanitary Council, Madrid.

ON Friday, Feb. 22nd, Mr. Timothy Holmes, the Hunterian lecturer, will deliver, in the large theatre of the Medical School of St. George's Hospital, at 4 P.M., the first of a series of four lectures on "Past and Present Surgery: the Experience of St. George's Hospital for the last Forty Years." Any medical men who may wish to attend the course will be welcome

IN Philadelphia a comprehensive Bill will be presented at the next session of the Legislature to prevent frauds and adulteration in the preparation and sale of foods. The Bill is promulgated by the American Society for preventing the Adulteration of Food, and provides for the establishment of a Bureau of Adulteration at Harrisburg in connexion with the State Board of Health.

A SERIES of lectures in connexion with the Volunteer Ambulance School of Instruction is now being delivered at the head-quarters of the Artists' R.V., Duke's-road, Euston-road, W.C. The first lecture was given on Thursday, Feb. 7th, and the course will be continued on consecutive Thursdays until May 2nd. Dr. Walter Pearce, Surgeon, Artists' R.V., is the medical officer instructor.

THE death is announced, in his ninety-third year, of Mr. Henry Carter, M.R.C.S.Eng., of Southsea, probably at his decease the oldest Member of the Royal College of Surgeons of England. The deceased, who died from the effects of a fall in his bedroom, which caused a fracture of the left hip, obtained his diploma so long ago as 1817.

Pharmacology and Therapeutics.

CALVERT'S SOLIDIFIED CARBOLIC DISINFECTING TABLETS.

THESE tablets are really marvels of cheapness and usefulness. Weighing nearly an ounce, they are said to contain nearly 50 per cent. of carbolic acid, and possess an agreeable pine-like odour. They dissolve readily in water, and yield a milky solution with strong disinfecting properties. They are very portable, being in the form of flat rectangular tablets, neatly enclosed in tinfoil. From their convenience and their price they may be expected to become favourites with those to whom the use of disinfectants is an essential.

CARBOLIC ACID AS A POISON.

The recent epidemic of poisoning by carbolic acid rendered a dispassionate statement a necessity. We have received some very interesting tables, which deal numerically with the deaths from accidental poisoning and from suicide from 1881 to 1887. From these we gather that poisoning is not in favour with those intending to commit suicide, only 12·5 per cent. of all cases of suicide being attributed to poison. This is probably to be accounted for by the comparative difficulty and forethought required, as well as by the dread of the effects produced, and the possibility of the use of antidotes should the intention be discovered before its completion. The table for suicides shows that the yearly average of deaths by poison amounts to 252, and that of these only 13·8 per cent. fall under the heading of carbolic acid, while 47·4 per cent. result from the employment of scheduled poisons. Comparing these figures with those of accidental poisoning, it is shown that the yearly average is higher in the latter, amounting to 346, while the average of deaths from accidental poisoning by carbolic acid is 6 per cent., and by scheduled poisons 32 per cent. These figures must not be taken too literally. A source of error is introduced by the inclusion of cases of lead poisoning, which comprise no less than 50 per cent. Confining our attention purely to the recorded deaths from carbolic acid, we find that 158 cases of accidental poisoning have occurred during the seven years, against 246 cases of suicidal poisoning. In other words, the proportion of accident to suicide is, roughly, as 2 to 3, instead of as 6 per cent. to 13·8 per cent., as given in the table before us. It is more reassuring, when considering the enormous number of deaths from accidents of all kinds, to note that only 2·25 per cent. of these result from poison, than it is to compare suicidal with accidental poisoning by carbolic acid.

GREEN COFFEE IN LITHIASIS.

Dr. Asmin Landarrabilco calls attention, in the *Montpellier Médical*, to the valuable properties of green coffee in urinary and biliary lithiasis, also in gout, migraine, and even in diabetes. In some countries green coffee is much used in the above classes of cases. The mixture recommended is composed of two parts of Martinique coffee to one of Mocha and one of Bourbon. An ounce of this mixture is put overnight to soak for ten or twelve hours in a glass of water, and the infusion is drunk fasting in the morning. It appears to have a very powerful action on the kidneys. After two or three days the urine becomes almost black. Dr. Debout has also employed green coffee in a large number of cases, and is much pleased with the results obtained.

THYMOL IN TUBERCULAR DISEASE.

Dr. Philipovich, writing in the *Vrach* (Nos. 48 and 49), gives the results of his treatment of nearly fifty phthisical patients with thymol. The drug was given in quantities of 45 to 60 grains per diem. It appeared to have no injurious effect on the respiration, circulation, or digestion, but, on the other hand, reduced the pyrexia to a considerable extent, and exerted a remarkably beneficial effect on the diarrhœa. In cases which were not far advanced the patients increased perceptibly in weight. It was remarked that the urine of patients under this treatment could be kept in contact with the atmosphere, protected only by a little cotton wool, without undergoing putrefactive changes, for ten or fifteen days.

GLYCERINE IN EMULSIONS.

A recent number of the *National Druggist* tells us that Mr. Burnett has found an improved method of keeping bismuth salts from depositing. He says that if a little glycerine be added to mixtures in which the salts of bismuth are held in suspension in mucilage of gum arabic or gum tragacanth, the metallic compound will not separate so readily. Moreover, the mixture will be made more homogeneous, and in a shorter time, by shaking, than it will if made without the glycerine.

ANTIPYRIN IN PUERPERAL FEVER.

Dr. I. Collin, writing in the Finnish medical journal, *Duodecim*, published at Helsingfors, describes two cases of puerperal fever which resisted all methods of treatment until he prescribed antipyrin, under the influence of which both patients rapidly recovered.

RUSSIAN GRADUATION DISSERTATIONS.

IT is an unfortunate thing that so much of the medical research which is being carried on year after year by observers in this and other countries is to some extent wasted through the difficulty of disseminating the results arrived at amongst other observers, who frequently feel obliged to undertake a laborious set of original observations in ignorance that the point has already been fully investigated by someone else. Of course, by means of the abstracts with which most medical journals teem, a good deal of information is disseminated as to what is being done; still, when we consider the almost innumerable researches which are being constantly made, and which are published in a variety of languages in nearly all parts of the civilised world, it is not to be supposed that the whole of them find their way into the more generally read medical journals; many of them, indeed, are never noticed at all. This is perhaps especially the case with the theses or dissertations read for the doctor's degree in different universities. Many of the best or most generally interesting of these find their way into print, but a great deal that is really valuable is hidden away in pamphlets which are not very readily obtainable. This, perhaps, applies especially to the many important graduation dissertations printed in Russia. Those corresponding to the session 1887–88, in the Military Medico-Chirurgical Academy of St. Petersburg alone, number about ninety, to say nothing of those emanating from Moscow and the other universities in Russia, as to the numbers of which we have no information. A good many of the St. Petersburg dissertations have, however, been sent us, through the courtesy of Prof. Manassein, the editor of the Russian medical journal, the *Vrach;* and a short *résumé* of them may be interesting to our readers.

Physiology.

No. 8.—Dr. Uspenski: Effect of Ligature of the Thoracic Duct on the Chemical and Morphological Constituents of

the Blood. A number of dogs were experimented on, the corpuscles, the hæmoglobin, the albumen, and the sugar in the blood being examined and the blood-pressure registered. A table of references to fifty-three papers—French, German, English, and Russian—is appended.

No. 16.—Dr. Popoff: Effects of Cold Douches on the Cutaneo-pulmonary Excretion. A series of tables is given.

No. 17.—Dr. Mrongovius: Effects of certain Mineral Baths on Blood-pressure and Muscular Force.

No. 58.—Dr. Vasilevski: Changes in Tubular Bones after Destruction of their Marrow. The experiments were made on rabbits. It was found that the marrow could be destroyed without danger to the life of the animal. A plate is given showing the microscopical changes observed; there is also a table of literary references.

No. 82.—Dr. Makovetski: Effect of the Russian Bath on Nitrogenous Metabolism and the Assimilation of Fat; also on the Assimilation of the Nitrogenous Parts of Food in Healthy Persons.[1]

Physiological Chemistry.

No. 5.—Dr. Paolovski: Nutritive Albumens in Beef-tea. Some tables of analysis are given, and a demonstration of the advantage of using hydrochloric acid.

No. 6.—Dr. Butiagin: Assimilation of Starchy Matters under different conditions of Cooking.[2]

No. 11.—Dr. Zibold: The Nutritive Value of different kinds (i.e., Joints) of Meat. The amount of myosin serves as a tolerably reliable guide to the nutritive value. Tables are given of the analysis of different joints.

No. 19.—Dr. Rudneff: Variations in the Muscular Strength of Workmen in consequence of Manufacturing Work. Tabular results of dynamometrical observations are given, considerable attention being paid to the effect of alcohol.

No. 52.—Dr. Strom: Disinfection by Super-heated Steam.

No. 59.—Dr. Lazareff: Effect of Woollen Clothes on the Cutaneo-respiratory Excretion and on the Temperature of the Skin. Elaborate tabular results of an immense number of observations are given, showing that the excretion is increased, especially at first, the amount of urine being usually decreased and the temperature raised by woollen clothes.

No. 62.—Dr. Tekutieff: Effect of Varnishing the whole Skin in Healthy Persons. The effect would seem to be far less than is the case in animals.

No. 69.—Dr. Makroff: Nitrogenous Metabolism in Healthy Persons on a Purely Milk Diet. When a large quantity of milk is taken, the nitrogenous metabolism decreases, and it increases when a small quantity is taken. Milk diet increases the amount of nitrogenous products and the nitrogen of the urea, but diminishes the uric acid and the nitrogen of the extractive matters. It increases the general assimilation about 4 per cent.

No. 74.—Dr. Alexêef: Assimilation of Nitrogenous Food during the use of Kefir. This was increased. Detailed tabular observations are given.

No. 78.—Dr. Maslennikoff: Meat Powder. When mixed with other food, this was found to increase the nitrogenous metamorphosis in the bodies of healthy persons, the oxidation being distinctly greater than when ordinary meat was taken.

Pharmacology and Therapeutics.

No. 9.—Dr. Modestoff: Intra-tracheal Vaporisation as a means of introducing Drugs into the Organism.[3]

No. 10.—Dr. Pasternatski: Effects of Thallin, Antipyrin, and Antifebrin on the Internal and External Temperature, and on the Cutaneous Loss of Heat in the Organism when in a Febrile Condition. A number of charts are given, taken from patients.

No. 15.—Dr. Geisler: Excretion of Iodine by the Kidneys. Ordinary doses of fifteen grains of iodide of potassium per diem were found to be excreted within twenty-four hours. Divided doses were excreted more rapidly than a single large dose; the excretion by the kidneys went on uninterruptedly. In fever, kidney disease, cirrhosis of the liver, and some cardiac affections the excretion was retarded.

No. 24.—Dr. Dbukraeff: Treatment of Chlorosis by Defibrinated Blood. Calves' blood was used for from one to two months with excellent results. Detailed notes of twenty-two cases are given, the corpuscles being counted and the hæmoglobin estimated. The amount of blood taken was generally about 100 cubic centimetres twice a day.

No. 25.—Dr. S. Botkin: Effects of the Salts of Rubidium and Cæsium on the Heart and on the Blood in relation to the law of Physiological Action of the Alkaline Metals.[4]

No. 26.—Dr. Kuvshinski: Influence of some Foods and Drugs on the Secretion of the Pancreatic Juice. It was found that the effect of morphia and cocaine depended on the amount, small doses decreasing and large doses increasing the secretion. Moderate doses of alcohol increased the secretion.

No. 28.—Dr. T. Pavloff: Action of Sulphate of Spartein on the Heart and Kidneys. Some experiments on animals are detailed.

No. 30.—Dr. Milêeff: Pharmacology of the Seeds of Strophanthus Kombé. More than eighty experiments on animals are detailed.

No. 31.—Dr. S. M. Levin: Local Treatment of Pulmonary Phthisis by the Injection of Drugs into the Parenchyma of the Lungs. The substance used was a weak emulsion of iodoform, from three to ten cubic centimètres being injected with good effects. A large number of experiments were also made on animals. A copious table of references is appended.

No. 36.—Dr. Turevich: Influence of Cocaine on Absorption. Several clearly printed diagrams, showing the effect of cocaine in promoting the absorption by the conjunctiva of eserine, pilocarpine, &c., are given; also observations with regard to its effects on the mouth and rectum.

No. 44.—Dr. Eskoff: Pharmacology of Amylene Hydrate. Most of the specimens met with were very impure. When purified, amylene hydrate diminished the sensitiveness of the brain and spinal cord. In suitable doses it induced sleep of a fairly normal character and diminished sensation and reflex action. It increased the frequency of the heart beats, depressing both the central and the peripheral cardiac inhibitory apparatus, and also probably stimulating the accelerator centres. It diminished the blood-pressure, depressing and paralysing the vaso-motor centres of the medulla and spinal cord. It affected the respiratory function, accelerating the breathing in consequence of a stimulating action on the respiratory centre. It lowered the temperature of the body.

No. 45.—Dr. Voronovski: Effect of the Hot Abdominal Compress. A slight rise of the temperature of the skin was noted, but no change in the rectal or vaginal temperature.

No. 50.—Dr. Gritsai: Comparative Effects of Wet and Dry Applications, together with Friction.[5]

No. 63.—Dr. Buktevich: Variations in the Blood-pressure in Phthisis with different Temperatures of the Body and under the influence of Warm Baths. The pressure was diminished during nocturnal sweats. Hot baths increased the pressure. Baths at 28° R. appeared to have a good general effect, improving the nutrition of the internal organs.

No. 67.—Dr. Edemski: Effect of Antifebrin on Fever Patients. Details are given of the effects on the temperature, urine, assimilation, &c.

No. 72.—Dr. Gorski: Effect of Carbonate of Lithia on the Nitrogenous Metabolism in Healthy Persons. There was a marked increase both of the nitrogenous metabolism and of the urea and uric acid, the urea increasing, even after the lithia had been left off, when the uric acid was decreasing.

No. 77.—Dr. Lobanoff: Milk Treatment in Scurvy. The value of this treatment was found to depend upon the increase of oxidation, the expulsion of the effete nitrogenous matters from the blood and tissues, and upon a gentle laxative action.

No. 84.—Dr. Bliumenau: Physiological and Therapeutical Action of Strophanthus Kombé. A number of laboratory experiments on animals are given, as well as several clinical cases in which it proved valuable.

No. 85.—Dr. Volkoff: Antipyrin, Antifebrin, and Thallin, in the Treatment of Diabetes. Four cases, with elaborate tables and beautifully-printed charts, are given. No very definite results were arrived at, but Dr. Volkoff, who was Professor Botkin's *ordinator* or *chef de clinique*, thinks that the antipyretics will be found to have some value, like that of salicylate of soda, in certain classes of cases of diabetes, the differentiation of which requires to be worked out.

[1] See abstract in THE LANCET, July 28th, 1888.
[2] Ibid., March 31st, 1888.
[3] Ibid., March 17th, 1888.
[4] Ibid., Oct. 13th, 1888.
[5] Ibid., July 21st, 1888.

No. 89.—Dr. N. N. Andreeff: Pharmacology and Therapeutics of Acetanilide.

Pathology.

No. 20.—Dr. Milovzoroff: Microscopical Changes of Striped Muscles in Rigor Mortis. A plate is given.

No. 21.—Dr. Timotheëf: Insufficiency of the Aortic Valves. Experiments were made on dogs, rabbits, &c. It was found that the intensity of the diastolic bruit in disease of the aortic valves depends on the amount of insufficiency and on the blood-pressure in the aorta. In heart diseases the blood-pressure decreases in time.

No. 22.—Dr. Dmitrieff: Morbid Changes in the Lungs in Typhoid Fever. The notes of twelve cases are given.

No. 29.—Dr. Sokoloff: Cause of Pleuritic Effusions. Some of the observations were clinical; some were on animals.

No. 34.—Dr. Martinson: Entry of Pneumococci into Parenchymatous Organs in Pneumonia. The observations were made in the deadhouse and in the bacteriological laboratory. There is a somewhat copious table of literary references.

No. 41.—Dr. Kryloff: Causes of Acute Suppuration.[6]

No. 42.—Dr. Protasoff: Difference between Blood Products occasioned by Injuries during Life and those produced after Death. An experimental microscopical research. Arterial thrombi may serve to distinguish between the two cases, but capillary hyperæmia cannot so serve, as it may be produced even shortly after death.

No. 61.—Dr. Levin: Pathology of the Vagus.[7]

No. 64.—Dr. Vasileff: Pathological Changes in the Pituitary Body in connexion with Diseases of the Spinal Cord and its Membranes. No direct effect could be traced.

No. 68.—Dr. Budagovski: Cutaneo-respiratory Loss in Dropsy. Tabular details of fifteen cases are given.

No. 71.—Dr. Vêntskovski: Condition of the Ejaculator Urinæ in Hypertrophy of the Bladder.

No. 81.—Dr. Kurznetsoff: Changes in the Central Nervous System in Artificially-induced Hyperæmia. Some experiments on animals are given, and the work done by other observers discussed.

No. 86.—Dr. Levitski: Scurvy. Largely occupied with voluminous statistics intended to elucidate the causation of the disease.

Pathological Chemistry.

No. 14.—Dr. Kandaratski: Gaseous Metabolism in Acute Anæmia.[8]

No. 18.—Dr. Golberg: Effect of Artificially-induced Diaphoresis on the Excretion of Drugs by the Kidneys. Thirty-four observations were made with iodide of potassium, salicylate of soda, and antipyrin. The excretion was diminished by the diaphoresis produced by hot baths.

No. 38.—Dr. Abramoff: Nitrogenous Metabolism in Croupous Pneumonia. The assimilation was always diminished in the febrile period. During the febrile period, and immediately after the crisis, the destruction of tissue albumen was greatly increased. Elaborate tables of results and numbers of literary references are given.

No. 39.—Dr. Dashkevich: Nitrogenous Metabolism in Cardiac Cases during the period when Compensation is disturbed. It was found to be diminished, but as compensation was re-established it increased.

No. 49.—Dr. Khadji: Nitrogenous Metabolism in Typhoid Fever. Some clinical details are given.

No. 51.—Dr. Grigorieff: Nitrogenous Metabolism in Kidney Disease. The observations tend to show that the metamorphosis is at least as great as in health, but that its character is somewhat modified.

No. 53.—Dr. Fabitski: Nitrogenous Metamorphosis in Cirrhosis of the Liver. No great difference was found from that obtaining in health.

No. 55.—Dr. Zanchevski: Morbid Changes in Poisoning by Cocaine.[9]

No. 57.—Dr. Yurovski: Gas Metabolism and Heat Production in Poisoning by the Salts of the Bile Acids. The change of oxygen into carbonic acid was found to diminish by some 25 per cent. in animals under the influence of these salts. Their heat-producing power was also markedly decreased.

No. 66.—Dr. Argutinski-Polgorukoff: The Kjeldahl-Wilfarth Process for the Estimation of Nitrogen in Organic Combinations. A number of quotations, chiefly from German chemists, are given.

No. 73.—Dr. Koriander: Pathological Anatomy of Iodoform Poisoning. A number of post-mortem observations, original and collected, are given.

Surgery and Gynæcology.

No. 79.—Dr. Zamshin: Cæsarean Section. A table is given of thirty-four collected cases in which Sänger's operation has been performed for contracted pelvis.

No. 83.—Dr. Petroff: Radical Treatment of Uterine Cancer by Amputation and Total Extirpation of the Uterus per Vaginam. A few original cases are given, and voluminous tables with a good deal of detail referring to several hundred operations by surgeons of all countries.

Bacteriology.

No. 70.—Dr. Rachinski: Micro-organisms in the digestive canal. A plate is given, and a reference table to the literature of the subject.

Hygiene and State Medicine.

No. 12.—Dr. Kessler: Statistics of Worm Affections in the neighbourhood of St. Petersburg.[10]

No. 23.—Dr. Gladziatski: Formation of Carbonic Acid by Fires in Living Rooms.

No. 27.—Dr. Vecherkovich: Processes for Evolving Chlorine for Disinfecting Purposes.[11]

No. 32.—Dr. Pliashkevich: Sulphuric Acid as a Disinfectant for Sewage. Numerous experiments on the contents of cesspols and on urine showed the advantages of sulphuric acid over other disinfectants.

No. 65.—Dr. Spasski: Effect of Work in a Firearm Factory on Operatives.[12]

No. 80.—Dr. Golovatski: The Earth surrounding Cesspools.

No. 88.—Dr. Ekk: Statistics of Mortality in Russia.

Although these and a great many other valuable papers are concealed from ordinary view behind the Russian language, it by no means follows that the tables and other information they contain are hopelessly inaccessible. Any of the papers could probably be ordered through a bookseller in London, or obtained direct from Mr. Ricker, medical bookseller, Nevski Prospect, St. Petersburg, by giving the author's name, the number of the dissertation, and the session, 1887-88. When obtained there are always plenty of Russians and Poles in London who would be only too glad to assist in enabling anyone to master the contents. It may be well to remark that a good deal of difficulty exists in identifying Russian names when spelt in Roman characters. Thus, taking the name of Dr. Khadji, the Germans would spell it Chadshi, the first letter being the Greek χ, and the last consonant the French *j* (which might be written in English *zh* with quite as much reason as the more usual way, copying the French). Again, Dr. Rachinski's name would be spelt by Germans Ratschinski; and by Frenchmen, and, indeed, frequently by Englishmen, Ratchinski, the letter *ch* being the equivalent of the *ch* in chin, or the *tch* in watch; great confusion is caused when a name commences with this letter. Once more, the *v* is, of course, written *w* in German. But this is not the place for a disquisition on the transliteration of Russian, a subject which has frequently been discussed by philologists. It is, however, due to the many eminent Russian medical writers that some explanation should be given of the diversities in the orthography of their names.

[6] Ibid., June 9th, 1888.
[7] Ibid., July 12th, 1888.
[8] Ibid., May 19th, 1888.
[9] Ibid., May 26th, 1888.
[10] Ibid., May 19th, 1888.
[11] Ibid., June 2nd, 1888.
[12] Ibid., Nov. 24th, 1888.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

ONE of our commissioners referred last week to the growth of the Newcastle School of Medicine in connexion with the University of Durham. The following are further particulars of interest, for which we are indebted to an official of the University.

The University of Durham College of Medicine grew out of the Newcastle-upon-Tyne School of Medicine, begun in 1832 by Sir John Fife. In 1852 the school was affiliated to the University of Durham, assumed its present title, and

took possession of a building (now vacated) specially erected for it. In 1870 it was incorporated as the Medical Department of the University of Durham, its officers constituting the Faculty of Medicine. The number of students rose from eight in 1832 to eighteen in 1840–1850, and to about sixty in 1879. Until that time, from the commencement of the connexion between the College and the University, students proceeding to the degrees in Medicine were required to pass arts examinations of the same standards as those for the B.A. degree, and to undergo an arts course of from one to two years. Hence the number of candidates was very small. At the time mentioned, these arts examinations were done away with, and a medical matriculation or a corresponding examination at other universities substituted. The results of this and of other similar regulations were at once apparent. The number of students, which had remained stationary at about sixty for several years, began rapidly to augment, quadrupling in the next ten years; whilst the number of candidates for the final examinations for the degrees, which was represented by a fraction per year previously, ran up to from one to two hundred. At this juncture the College premises were required by the North-Eastern Railway Company, and it became necessary to erect the new building now in course of construction. The College work is at present carried on in the anatomical block, itself larger than the old school, and will be greatly facilitated on the completion (by October next) of the front portion. As regards the latter, the castellated red brick and terra-cotta exterior, the solid square tower, the mullioned windows, the arched vestibule with its carved stone roof, the massive oak staircase, the deeply panelled wood and plaster ceiling, the specially designed furniture and fittings, and the style and proportions of the large (examination) hall, give to it a collegiate air as distinct from the modern and utilitarian appearance of most buildings of the kind in the country as it is in harmony with that of the home of the university in the ancient castle at Durham. On the other hand, the anatomical block, with its anatomical, physiological, and pathological workrooms, public and private, lined throughout with white glazed brick, its asphalte and concrete floors and perfect lighting, heating, and ventilation, meets the latest structural requirements as regards cleanliness, light, quiet, freedom from vibration, and space for work. The expenditure on the building so far will not be less than £30,000. No fact can better testify to the progress of the College or augur better for its future than this—that it should be able to erect such a building, and that very largely out of its own funds.

ROYAL COLLEGE OF PHYSICIANS.

IN pursuance of a resolution passed at the adjourned meeting of the Comitia at the College on Feb. 7th, a circular note, containing a copy of the report of the Censors' Board relating to Sir Morell Mackenzie's book has this day (Friday) been addressed to every Fellow and Member of the College. Although we were aware of the resolution last week, we thought it only courteous to abstain from referring to the matter until the College had communicated the report to their Fellows and Members. The circular is as follows:

"Royal College of Physicians, London, S.W., Feb. 15th, 1889.

"DEAR SIR,—I am directed to forward you the subjoined copy of a report of the Censors' Board, adopted by the College at a general meeting held on the 31st ultimo.

"I am, dear Sir, yours faithfully,

"HENRY A. PITMAN, Registrar.

"*Report.*—The attention of the Censors Board having been directed to a publication by Sir Morell Mackenzie, entitled 'The Fatal Illness of Frederick the Noble,' the Censors' Board, although unable to deal judicially with the various matters brought into dispute therein, feels called upon to express to the College its grave disapproval of the general character of the book, and its profound regret that one, whilst a Member of this College, should have given, in any circumstances whatever, publicity to statements concerning his patient and charges against his colleagues, injurious to the interests of the public, destructive of the confidence necessary between persons co-operating in the discharge of a great responsibility, and contrary to the traditions of the medical profession throughout the civilised world."

We learn, in addition, that the Secretary of Sir Morell Mackenzie has written the following letter to the Registrar of the College:—

"19, Harley-street, Cavendish-square, Feb. 4th, 1889.

"Sir,—I am requested by Sir Morell Mackenzie to express his surprise that you should have written to him on behalf of the Royal College of Physicians. I am further instructed to inform you that Sir Morell Mackenzie takes no interest whatever in the proceedings or opinions of the College of Physicians, and to request that, as the representative of that body, you will do him the favour to desist from all further intrusion.—I am, Sir, your obedient servant,

"Sir Henry Pitman, M.D." "EDWARD NAINBY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT the ordinary meeting of the Council of the above College held on Tuesday, February 12th, the minutes of the quarterly meeting of the Council of January 10th were read and confirmed.

The report of the Court of Examiners, dated January 24th last, of candidates found qualified for the diploma of Member of the College, was received, and it was directed that diplomas should be issued to the persons whose names are included in the report.

The eighth report, dated January 19th, 1889, of the Committee on the Mode of Election to the Council, and other matters relating to the charters and bye-laws of the College, was received, adopted, and entered on the minutes, subject to the approval of certain legal points reserved for further consideration.

The report having been approved and adopted by the Council, and the formulæ for new bye-laws having been taken as read, the Council, in pursuance of Section 3 of the bye-laws, proceeded to ballot for the referring the said formulæ to a committee, and a majority being in favour of the reference, a committee of three members was elected to take the formulæ into consideration, and to report thereon at the next meeting of the Council. Sir James Paget, Sir Spencer Wells, and Mr. Marshall were chosen to act with the President and Vice-Presidents.

A letter was read, dated the 21st ult., addressed to the President, from the Secretary of State for War, stating that he purposes to appoint, under the presidency of the Earl of Camperdown, a small representative committee, to consider and report generally on the pay, status, and conditions of service of the medical officers of the army and navy, and inviting the President to nominate a gentleman well acquainted with the medical schools to serve on the committee. Mr. Macnamara was chosen as the representative of the Council.

A letter of the 25th ult., from the Secretary of State for War, was read, stating, in reply to the communication forwarded to him by the President in pursuance of the resolution of Jan. 10th, that the question of assimilating the manner of granting commissions in the British and Indian Medical Services is still under his consideration.

A letter of Jan. 10th was read from Sir Henry Pitman, M.D., Registrar, reporting the proceedings of the Royal College of Physicians in relation to matters concerning the two Colleges, and approved.

A letter of the 21st ult. was received from Mr. Wilde, stating that, under the rules as modified for "THE LANCET Relief Fund," the President of the College would incur no practical responsibility in accepting the office of almoner to that Fund.

There will be an extraordinary meeting of the Council on Thursday next, the 21st inst., to receive the report and confirm the minutes of this meeting, and consider such other business as may be brought before the meeting.

FOOTBALL FATALITY.—A football player, named Knowleson, who broke his leg a fortnight ago whilst playing in a match at Leek, died at Leek Cottage Hospital on the 12th inst.; tetanus supervened after amputation.

THE LANCET RELIEF FUND.

WE are requested by the Almoners to state that, from the character of a number of the applications received, both personally and by letter, for relief, it is evident that in many cases the object for which this Fund has been established is not quite clearly understood; and if relief had been afforded in the cases of those who suffer from chronic distress, the Fund would have been completely exhausted within the first few days of its existence. They would therefore be greatly obliged if those readers of THE LANCET who may be asked to endorse applications would carefully peruse the Application Form and explain the precise object of the Fund to those applicants whose cases do not seem to come within the scope of the purpose for which the Fund has been established, which is to afford prompt aid to registrable medical practitioners, or to the widows and orphans of members of the profession, who, in consequence of the supervention of some unexpected exigency which is not likely to recur, have pressing need of immediate and temporary pecuniary relief.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

St. Asaph Rural District.—According to Dr. Lloyd Roberts the death-rate for this rural district during 1888 was 15·8 per 1000, and it maintained the annually progressing decrease which has been in process of operation. Measles was prevalent early in the year, and the co-operation of the school authorities was sought and secured in staying its spread. Diphtheria in the parishes of Llanasa and Whitford seems to have been maintained by ill-marked cases which formed connecting links between the attacks. No new works have been undertaken by the sanitary authority, but the conditions which exist at Prestatyn need much attention, and some preliminary steps have now been taken as to sewerage. Bye-laws under the Dairies, Cowsheds, and Milkshops Order have been made and confirmed, but the sanitary authority have not yet appointed any officers to see to their enforcement. Failure of a proper water-supply is a marked feature in several localities, such as Henllan, Trefnant, and Llanfairtalhaiarn.

Lincoln Urban District.—Dr. Harrison reports that during 1888 the birth-rate and the death-rate for the city of Lincoln were 24·7 and 16·7 per 1000 respectively; and that, excluding all deaths in public institutions, the death-rate was 14·5. Referring to small-pox, it appears that this disease was imported three times during the year, but, owing to isolation in the city hospital and other preventive measures, no spread took place. During the past twenty-two years small-pox has caused 45 deaths in Lincoln, and, having regard to the scare which this disease always creates, Dr. Harrison takes the opportunity of contrasting it with whooping-cough and measles, which have, during the same period, killed no less than 534 persons. These diseases were again prevalent last year, but their fatality seems to pass almost unnoticed; and even as to school attendance, the greatest difficulty is experienced in securing the exclusion of scholars for these so-called trivial, but really very fatal, maladies. Pig-keeping is associated with a good deal of public annoyance in Lincoln, and it cannot be dealt with effectually as a nuisance because of the obvious difficulty of proving injury to health in any individual case. This difficulty has in most places been dealt with by the making of a bye-law regulating the distance from dwelling-houses within which no pig shall be kept; and we are astonished to find that Lincoln is so backward as not to have such a clause in operation. A new abattoir is also a need in Lincoln, the present one, which was erected 100 years ago, being altogether unworthy of the place.

Hove Urban District.—Hove had last year a death-rate of 15·9 per 1000, as opposed to the last decennial average of 13·4. Of the so-called principal zymotic diseases, the most fatal were whooping-cough, which caused 24 deaths, diarrhœa with 4 deaths, and typhoid fever with 3 deaths. Of course the conditions leading to the first and the two last of this set of deaths, which are grouped together for statistical purposes, have nothing in common. The sanitary works of the town are, according to Dr. Kebbell, ably and energetically carried out; a periodical inspection of houses is made, and it is added that direct connexions between houses and drains and unventilated soil pipes now form the exception. This could probably not be said of many places having a population such as that of Hove. The infectious hospital still gives proof of its utility as a protection to the community, and the district was believed at the date of the issue of the report to be altogether free from infectious diseases.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5888 births and 3491 deaths were registered during the week ending Feb. 9th. The annual rate of mortality in these towns, which had declined in the preceding four weeks from 25·5 to 20·0, further fell last week to 19·1. During the first six weeks of the current quarter the death-rate in these towns averaged 21·6 per 1000, and was 2·6 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 11·1 in Brighton, 13·2 in Leicester, 14·0 in Portsmouth, 15·3 in Hull, and 16·0 in Norwich. The rates ranged upwards in the other towns to 26·0 in Preston, 26·4 in Manchester, 28·0 in Plymouth, and 32·3 in Blackburn. The deaths referred to the principal zymotic diseases in these towns, which had declined in the preceding four weeks from 641 to 459, further fell last week to 435; they included 171 from measles, 101 from whooping-cough, 51 from diphtheria, 44 from scarlet fever, 41 from diarrhœa and dysentery, 27 from "fever" (principally enteric), and not one from small-pox. These principal zymotic diseases caused the lowest death-rates last week in Portsmouth, Derby, and Leicester; and the highest rates in Oldham, Salford, and Blackburn. The greatest mortality from measles was recorded in Sheffield, Bristol, Huddersfield, Salford, Oldham, and Blackburn; from whooping-cough in Leeds, Brighton, Nottingham, Preston, and Birkenhead; and from scarlet fever in Newcastle-upon-Tyne, Salford, and Blackburn. The death-rate from "fever" showed no marked excess in any of the towns. The 51 deaths from diphtheria in the twenty-eight towns included 24 in London, 9 in Manchester, 2 in Salford, 2 in Preston, 2 in Plymouth, 2 in Bristol, and 2 in Sunderland. No death from small-pox was registered in any of the twenty-eight great towns. Only 1 small-pox patient was under treatment at the end of the week in the Metropolitan Asylum Hospitals, and the Highgate Small-pox Hospital was empty. The number of scarlet-fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 663, against numbers ranging in the preceding twelve weeks from 980 to 672; 52 cases were admitted during the week, against numbers increasing in the previous four weeks from 41 to 65. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding four weeks from 652 to 410, further declined last week to 340, and were 273 below the corrected average. The causes of 82, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Sunderland, Norwich, Plymouth, Wolverhampton, Derby, and Huddersfield. The largest proportions of uncertified deaths were registered in Hull, Sheffield, Brighton, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·0 and 21·4 per 1000 in the preceding two weeks, further rose to 22·3 in the week ending Feb. 9th; this rate exceeded by 3·2 the mean rate during the week in the twenty-eight large English towns. The rates in these Scotch towns ranged from 10·9 and 14·2 in Leith and Perth to 25·5 in Dundee and 26·9 in Glasgow. The 571 deaths in

the eight towns showed a further increase of 24 upon the numbers returned in the preceding two weeks, and included 22 which were referred to whooping-cough, 14 to diarrhœa, 11 to diphtheria, 7 to measles, 5 to "fever" (principally enteric), 2 to scarlet fever, and not one to small-pox; in all, 61 deaths resulted from these principal zymotic diseases, against 65 in each of the preceding two weeks. These 61 deaths were equal to an annual rate of 2·4 per 1000, which was identical with the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had increased in the previous four weeks from 15 to 20, further rose last week to 22, of which 12 occurred in Glasgow, 4 in Aberdeen, and 3 in Dundee. The 14 deaths attributed to diarrhœa also showed an increase upon recent weekly numbers, and included 9 in Glasgow and 3 in Dundee. The fatal cases of diphtheria, which had declined in the previous four weeks from 11 to 5, rose again last week to 11, of which 7 occurred in Glasgow and 2 in Edinburgh. The deaths from measles, on the other hand, declined from 19 and 18 in the preceding two weeks to 7; they included 2 in Glasgow, 2 in Dundee, and 2 in Greenock. Both the fatal cases of scarlet fever and 3 of the 5 deaths from "fever" were returned in Glasgow. The deaths referred to the principal diseases of the respiratory organs, which had been 160, 140, and 134 in the previous three weeks, further fell last week to 123, and were 5 below the number returned in the corresponding week of last year. The causes of 68, or nearly 12 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31·5, 27·5, and 27·6 per 1000 in the preceding three weeks, further declined to 24·5 in the week ending Feb. 9th. During the first six weeks of the current quarter the death-rate in the city averaged 28·8 per 1000, the mean rate during the same period being 20·5 in London and 18·9 in Edinburgh. The 166 deaths in Dublin last week showed a decline of 21 from the number in the previous week; they included 5 which were referred to "fever" (typhus, enteric, or ill-defined), 3 to scarlet fever, 3 to whooping-cough, 3 to diarrhœa, and not one either to small-pox, measles, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 11 and 10 in the previous two weeks, rose last week to 14; they were equal to an annual rate of 2·1 per 1000, the rates from the same diseases being 1·8 in London and 1·2 in Edinburgh. The deaths referred to "fever," which had been 2 and 4 in the previous two weeks, rose last week to 5; the fatal cases of scarlet fever corresponded with the number in each of the preceding four weeks; and the deaths from whooping-cough and diarrhœa exceeded the numbers in the previous week. Eight inquest cases and 4 deaths from violence were registered; and 53, or nearly a third, of the deaths occurred in public institutions. The causes of 14, or more than 8 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon Wm. Robt. Henderson, M.D., retires from the Service, receiving a gratuity (dated Feb. 13th, 1889).

Surgeon-General J. Ferguson has been appointed Principal Medical Officer on the Staff of the Aldershot Division.

ARMY MEDICAL RESERVE OF OFFICERS.—Acting Surgeon Richard Augustus Shelton Daly, 7th Lancashire Artillery Volunteers, to be Surgeon, ranking as Captain.

ADMIRALTY.—The following appointments have been made:—Surgeons Charles E. Geoghegan and Hamilton E. L. Earle to the *Severn* (both dated Feb. 19th, 1889).

VOLUNTEER CORPS.—*Artillery:* 1st Volunteer (Hampshire) Brigade, Southern Division, Royal Artillery: Acting Surgeon W. K. B. Welsh resigns his appointment (dated Feb. 9th, 1888).—1st Orkney: George Veitch Gilray, M.B., to be Acting Surgeon (dated Feb. 9th, 1889).—1st Shropshire and Staffordshire: Surgeon H. J. Rope resigns his commission (dated Feb. 9th, 1889).—*Engineer* (Fortress and Railway Forces): 1st West Riding of Yorkshire (Sheffield), Acting Surgeon W. D. James resigns his appointment (dated Feb. 9th, 1889)

Correspondence.

"Audi alteram partem."

COW-POX AND SMALL-POX.

To the Editors of THE LANCET.

SIRS,—However much I may agree with Dr. Wilks, and differ from some of the views recently expressed by Dr. Creighton, I must admit that I consider pathologists to be indebted to the latter for opening up the question of the relation of cow-pox to small-pox. Dr. Creighton's statement in your columns that cow-pox is not cow small-pox has not been answered; and Dr. Wilks expresses no opinion on this point—Jenner's "masterpiece of medical induction." That they are one and the same disease I believe to be pretty generally held by the medical profession, and such is certainly taught in our leading medical works;[1] though they express a belief—the reverse to Jenner's—that cow-pow *arises* from small-pox in man.

Now into what difficulties does this assumption of Jenner place pathologists? A purely locally inoculable disease, when conveyed to man by some unknown and mysterious path, is transformed into one of the specific infective fevers characterised by a general vesicular eruption called small-pox; and yet this local eruption, when *inoculated* on the arm, never again becomes small-pox or communicates it. I venture to think that no similar phenomenon is known to comparative pathology. Specific poisons may be irregular in their habits, but I think it is a little severe to attribute to them such vagaries as the above would suppose them to be capable of. Dr. Bristowe further says: "It is certain that since the introduction of vaccination the so-called 'natural' cow-pox has in a great measure disappeared." Is it so *certain?* Some recent researches of Professor Crookshank have demonstrated that cow-pox still exists in this country, but it produces simply cow-pox, and not small-pox, nor scarlatina in the milkers, in spite of the teaching of the medical officers to the Local Government Board to the contrary. With regard to the other view, no outbreaks of cow-pox in cattle have been traced to a small-pox origin. In fact, the idea of a milker with variola on his hands producing cow-pox on the teats of a cow is a pure fiction. So far the only evidence of identity is the alleged production of cow-pox in cattle by experimental inoculation of small-pox. We all know that Thielé (1837), Ceely (1838), and Badcock (1840) are said to have produced cow-pox from small-pox; but we must not forget that in those days the absolute necessity of using clean instruments for inoculation experiments was not so impressed on the minds of experimenters as in more recent times. And what strongly favours the suggestion that some error crept in is the fact that highly competent observers have since tried over and over again to reproduce those results, and have utterly failed. What legitimate conclusion may we draw from this? I consider that the inoculation experiments have not *proved* the identity of cow-pox and small-pox; that there is not, and never has been, any causal relation existing between the outbreaks of cow-pox and small-pox; finally, that the behaviour of the eruption under different conditions is so opposite as to strongly favour the opinion of their being two distinct diseases, caused by different specific poisons. I do not consider the protection of one against the other proves anything. I believe it has been observed that enteric fever has some protective influence against small-pox. With Dr. Wilks, I think that the evidence on which we have to rely is that cow-pox actually does protect, at any rate for a time, against small-pox. Dr. Wilks does not object to anti-vaccinators discussing compulsory vaccination from political motives, "a fair-enough question." But he objects to their attack on the medical doctrine, "and this without sufficient knowledge." Is it absolutely certain that *our* knowledge on this subject is sufficient to form a basis for a dogmatic assertion? Is it not time that, with improved methods of research, and by the light of modern pathology, we should take stock of our so-called knowledge, lest some day—perhaps a not very distant day—anti-vaccinators may be able to say that the medical profession for nearly a century

[1] See Bristowe's "Medicine," sixth edition, and Fagge's "Medicine," second edition.

taught an absurd hypothesis, and blindly refused to listen to those who suggested that the question should be scientifically investigated. I should be indebted to Dr. Wilks if he would point out what fallacies underlie the above arguments, as I am anxious, as a pathologist, to arrive at the exact truth of this important point in the subject.

I am, Sirs, faithfully yours,

Feb. 1889. H. H. TAYLOR.

RHEUMATISM AND CHOREA.

To the Editors of THE LANCET.

SIRS,—Dr. Herringham, in his letter on the above subject which appears in your issue of Feb. 2nd, expresses his strong disapproval of such phrases as that chorea is a manifestation of rheumatism, but it seems to me that his arguments really support that view. All that is contended by those who speak of chorea as a manifestation of rheumatism is that the unknown poison of rheumatism, acting upon the nervous system, is the most common cause of the condition which we call chorea, and that endocarditis is frequently associated with chorea, because the heart is so frequently attacked in the course of a rheumatic attack; but the rheumatic poison is not the sole cause of chorea, any more than it is the sole cause of endocarditis, of pericarditis, of arthritis, or of erythema. It is not by the frequent occurrence of chorea in those who have suffered from articular rheumatism that the strongest evidence of the rheumatic nature of chorea is afforded; but by the frequent occurrence of chorea as one element in a series of rheumatic events in childhood, by the simultaneous or consecutive appearance of a group of phenomena, each of which individually may be due to other causes, but which, when they are met with in association, may reasonably be held to indicate the working of that cause which is common to them all. How else is to be explained the occasional association of chorea with erythema, with endocarditis and nodule formation, in cases in which the joints may or may not be affected? Is there any sufficient ground for separating the chorea from the other members of the series, and for supposing that whereas the other events are manifestations of the rheumatic process, the relation of chorea to that process is of a different character?

If the view which I have endeavoured to present, and which has been so well expressed by Sir Dyce Duckworth, Drs. Cheadle, Barlow, Stephen Mackenzie, and others, is the correct one, we cannot speak of chorea as a cause of endocarditis, as Dr. Herringham does; but of the rheumatic poison as the cause of both the nervous symptoms and the endocarditis, as well as of the other manifestations, if such are present. With Dr. Herringham's interpretation of the significance of the fact that chorea is not a common antecedent of articular rheumatism, I most cordially agree.

I am, Sirs, yours obediently,

Chandos-st., W., Feb. 4th, 1889. ARCHIBALD E. GARROD.

"XEROSTOMIA"—A TERM SUGGESTED FOR THE AFFECTION KNOWN AS DRY MOUTH.

To the Editors of THE LANCET.

SIRS,—The first sentence of Dr. Hadden's letter in your last issue runs: "In the last volume of the Clinical Society's Transactions two cases of dry mouth were reported, one by Mr. Hutchinson, the other by myself." This is perfectly true, but if I leave it without comment it may yet in the future lead to misapprehension. The fact is that my case of what I first called "dry mouth" had been brought before a meeting of the Neurological Society, one year previously to its being mentioned at the Clinical. I had been carefully observing the patient for at least a year before that, and the case excited great interest among the members of the Neurological, of whom Dr. Hadden is one. The merit of having been the first to notice the phenomenon and to take interest in it belongs, however, not to myself, but to one of the many who, engaged in the laborious duties of family practice, yet find zeal and leisure to give attention to the scientific aspects of medicine. It was Dr. J. S. Cotman, of the Minories, who sent the patient to me, and who allowed me to bring forward the case, as stated, at the Society. I am not sure that he had not himself taken the patient previously to a local medical society. Nearly twenty years before this the condition had been mentioned anonymously in the small type of the correspondents' column of one of our journals. I am not aware of any other previous notice of it, but do not doubt that some such will in the future be found. Had it not been, however, for Dr. Cotman's sagacity in observation, it is not likely we should be now engaged in a discussion as to the most appropriate name for the malady. Yet so easy is it to follow when once the way has been shown, that upwards of ten cases have been mentioned by different observers during the three years which have elapsed since I showed the first patient at the Neurological Society. Curiously enough they are all almost exactly alike. The first case was a typical one, and I believe I am justified in saying that nothing has been added to our knowledge of the malady beyond what I stated at the meeting referred to. If there is any exception to this, it is the observation by Dr. Hadden that some relief may be obtained by the use of jaborandi; but the experience of other observers would lead us to suspect that this is not usual; possibly it is found only in recent cases. In another sentence of Dr. Hadden's letter he writes: "At the meeting of the same Society on Nov. 3rd, 1888, the subject was again referred to by Mr. Hutchinson, and other cases were mentioned by various speakers." This, through what I am sure is an inadvertence, might seem to imply that I did not myself record any fresh case, whereas the object of my communication expressly was to bring forward another, and one of the most characteristic yet on record. In another sentence of Dr. Hadden's letter the impression might seem to be conveyed that I was anxious to disuse the Saxon term "dry mouth," and to substitute for it a more learned one. This is far from being the case, for "dry mouth" is the term which I had myself originally employed, and which I much prefer. It is to be hoped that it will remain in use in all English books, since by the majority it is far more easily remembered and recalled than such a term as "xerostomia." For employment in other languages than English it is, however, necessary to have a name derived from one of the dead languages. No case of "dry mouth" has, I believe, been yet recorded on the Continent, although the affection seems to be tolerably frequent among ourselves. It may have been in part the want of a cosmopolitan name for the malady which has caused our English records regarding it to be overlooked.

At the meeting of the Clinical Society last November I suggested the name "aptyalism," and Dr. Hadden is quite correct in saying that he criticised it adversely. I was, however, before the meeting, quite familiar with all the objections which he raised, and had talked them over with several of my friends. They amount mainly to this, that "ptyalism" in Greek means "salivation" or excessive flow, and that "aptyalism" might therefore be held to imply, in strict etymology, absence of excess. In reply to this, however, physiologists, in such words as "ptyalin" &c., have employed the Greek noun as applicable to saliva and its normal secretion. Such words will doubtless hold their place, and aptyalism would likewise, after a little ridicule from Greek scholars, have come to be well understood as meaning deficiency of saliva, and not the normal state of absence of excess, concerning which nobody wants to use any word. Bowing, however, to what I must be excused for saying seems to me only pedantry, I proposed at the last meeting of the Neurological Society that the word "xerostoma," a literal Greek translation of the English expression "dry mouth," should be the name employed. Dr. Hadden correctly states that, just before the meeting, when I mentioned to him the change of name I was about to propose, he said that he also, quite independently, had been intending to propose the same. I had consulted in the matter my friend Dr. Cavafy, a high authority, who, in approving of my suggestion of xerostoma, had very properly insisted on the insertion of the *i*, making it xerostomia. I am glad to find that Dr. Hadden and his classical friends also approve of the word as thus spelled. There is yet a little more to be said as regards clinical appropriateness. As a matter of clinical convenience, I believe that "aptyalism" would have been much the better word—that it would, in fact, have implied the real state of things to most persons much more explicitly. The Greek adjective in question has come into clinical use with something more than its simple meaning. Xerodermia, for instance, is a disease of the skin with important structural changes, and is never applied to the mere absence of sweating or of sebaceous moisture; and xerophthalmia is not merely a condition

of "dry eyes," but is attended by structural changes leading to blindness. As regards "dry mouth," we have, as I have all along insisted, nothing more than absence of salivary and buccal secretion. No secondary changes appear to follow, however long this arrest of secretion may continue. It is probable also that there are various degrees of it, and that many cases are incomplete. Thus I am afraid that the term "xerostomia" may, to those who hear it for the first time, suggest much more than is really meant; whereas the term "aptyalism," although it might have hurt the feelings of a few scholars, would have deceived no one. It may be well, however, now to let the matter rest, and to abandon the latter word; but I cannot conclude without expressing a hope that the original, although somewhat homely, expression "dry mouth" will keep its place as the name for the disease in English medical literature.

I am, Sirs, yours faithfully,

Feb. 1889. JONATHAN HUTCHINSON.

To the Editors of THE LANCET.

SIRS,—The interesting letter of Dr. Hadden in your issue of the 9th inst. deals with a subject which has long been in need of some authoritative expression of opinion on the part of our profession, and it is to be hoped that the cautious procedure of Mr. Jonathan Hutchinson in the case of the compound "xerostomia" will henceforth serve as an example to those who are about to frame some new term of scientific nomenclature. I remember a paper being brought forward a few years ago, at one of our Societies, on a subject which the author was pleased to call "anhydrotics," meaning thereby a class of substances like atropine, capable of diminishing or restraining cutaneous secretion. Of course, the correct form of the term, if adopted at all, would be "anidrotics"; and, though the error was pointed out at the time, the paper subsequently appeared in a monthly medical periodical, with the ridiculous heading of "anhidrotics." But I adduce this only as an instance of the reprehensible indifference which has hitherto prevailed as to the proper canons of construction to be followed in such cases. More pertinent to the subject of Dr. Hadden's letter is the well-known "parthenogenesis"—a form which is barbarous to the last degree, and ought to have been "parthenogenesia." The orthography of xerostomia is wholly in conformity with the laws of Greek formation, and I hope its pronunciation may also come to be in accordance with the rules of modern Greek, which place the accent in such words on the penultimate vowel, *i*, so that it would be sounded "xerostoméea."

I remain, Sirs, yours faithfully,

Sussex Gardens, Hyde Park, Feb. 10th. T. FITZ-PATRICK.

THE PROTECTION OF THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—Thorough discussion of the subject broached in your leading article of to-day ought to lead to practical results. No one who has observed the procedures of Parliament during the debates upon projects of medical legislation brought forward by private members and ministers within late years can have failed to recognise the ideas which statesmen have firmly adopted in conferring by statute privileges and powers upon the profession. One of the principles uniformly acted upon by the Legislature has been that no privilege should be conferred which might be merely to the advantage of the profession whilst not demonstrably to the benefit of the public. At first view it might be reasonably thought that statesmen would be ready to forbid absolutely to those not possessing a legal qualification the pursuit of any branch of practice for gain; but no such arbitrary restriction has ever been seriously entertained by the Legislature. A sweeping enactment, which should entirely forbid practice by the unqualified, would not only be an interference with their liberty—justifiable no doubt,—but it would also be an interference with the liberty of the public, who, strange as it may seem, often prefer knowingly an unqualified to a qualified practitioner. This feeling is not confined to the ignorant, but has its representatives among all classes; and not so long ago we have seen a noble lord—who, far from being a fool, is a man of culture and uncommon literary power—deliberately and elaborately setting forth, among other arguments and statements of a like purport, his belief in the superiority of quack bone-setters over the best surgeons of the day. The medical herbalist, the medical electrician, and the whole tribe of sham medical practitioners to which they belong have their votaries and friends; and no Government would think of forcing upon the country a paternal measure virtually forbidding recourse to these irregular practitioners by those of the public who choose or prefer them. What the Legislature has shown itself thoroughly willing to do is to prevent irregular practitioners from palming themselves off as qualified men by the use of sham medical titles. The present medical law is defective, and sadly needs amendment in this particular; and there cannot be the least doubt that so soon as the profession with anything like unanimity shall demand reform it will be speedily effected. This is proved by what has happened in the case of the dental profession. Surely if the Legislature has shown itself willing to prevent unqualified practitioners from styling themselves dentists, it will be not less ready to put a stop to the assumption of false medical titles by fraudulent doctors. At present there exists the anomaly that an unqualified quack, who dare not call himself "dentist," may with impunity assume the title of "doctor." The quack dentist of the day has not been slow to perceive this, and he now seeks to evade the law by keeping a "dental establishment," and styling himself "doctor," on the strength of possessing an American diploma in dental surgery. Many columns of THE LANCET would be needed for discussion of the numerous points referred to in your article. I have at least indicated one direction in which the profession might find relief from injury of a serious kind. There are many other directions in which an equal amount of good might be certainly accomplished if the profession would only combine and act together. I remain, Sirs, your obedient servant,

Wimpole-street, Feb. 9th, 1889. HENRY SEWILL.

To the Editors of THE LANCET.

SIRS,—Consideration for your valuable space has prevented me from again writing to you on this subject. I am glad to see by the various letters that some interest is taken in the question, though I think we are proceeding rather slowly. I have not time to notice all your correspondents, but I would ask space to notice one in particular—viz., "A Doctor of Medicine,"—as, if his views with regard to action were a reflection of the opinions of the profession generally, my scheme would be at once both hopeless and useless. I have read and re-read his letter carefully, but the more I do so the more I fail to see the relevancy of his remarks. First, he asks whether it would be possible to induce independent members to submit to the control of any association. Now, if he will take the trouble to read my letter again, he will find in it that nowhere do I claim the right to dictate what another man is to do. It would be simply impossible to control every member of our profession; but, while acknowledging this, surely it is not unreasonable to bring a fair amount of pressure to bear on flexible brethren? My contention has always been that men who do what we may call irregular actions are often as much sinned against as sinning, and are often forced by the present unfair competition into action which they must know is at once unjust and ruinous to themselves as well as their professional brethren. A little help, a little of "the animating spirit of a collective body," will, I trust, work wonders in recalling these erring members by giving them a chance to respect themselves and their profession. Again, does your correspondent seriously mean the profession to believe that the Medical Council will take action for the protection of the profession? Some action we may fairly call upon them to take—such as the putting down of irregular practice, and the insistence of compulsory registration. Barristers have their societies, and solicitors their Incorporated Law Society, to protect them. Why, therefore, should our Council not protect us? they at least cannot plead want of funds (and funds, moreover, supplied by the profession). If an outsider to the charmed law circle vaguely writes a letter to imply that he is a solicitor, what is the result? Why, immediate and successful action, and the luckless would-be solicitor soon gets taught a lesson, and finds himself mulcted in serious penalties. Surely, therefore, if it is just to protect a

solicitor, why not also a doctor? Registration, I also say, should be compulsory; but will mere registration put down dishonourable practice from shady *registered and qualified* men? Never. Our only hope is, as I have before said, to act on their better feelings, and try to get them to respect themselves and their profession. I feel sure that upon consideration your correspondent will agree with me that it would be utterly hopeless to expect the Council to help us in doing things which we are clearly bound to do for ourselves. The question is, will an association such as is proposed help us or not? I say decidedly it will, if we can by association present ourselves a solid phalanx—I was almost going to say to the enemy—and stand shoulder to shoulder. Can it be doubted that we shall in time be able to check the canker in our midst, and once again restore ourselves to the position we once held? I totally repudiate all notion of trades unionism. I simply ask for the profession a fair equivalent for our work done to the public, and to put an end to the miserable Dutch-auction business that has arisen in our midst during the last fifteen years; and, in doing so, I am confident that if I am successful I shall be doing as much benefit to the general public as to my own profession. Finally, I ask, is action to be taken or not? I am ready to help, and to guide, if action is to be taken. I can admire your correspondent's patience, if I do not intend to practise it. Patience is the panacea for delay, he says. Very true; but it is weary waiting. We all, as school-boys, have read of the patient rustic, who, arriving at the unfordable stream, sat down "patiently" to wait till it had flowed by. Perhaps he still waits. And, as there are exceptions to every rule, and streams in the East do dry up sometimes, in time, may be, when the Council is got to take action, we all, with the happy rustic, shall pass over to the "promised land," and find compensation for our weary waiting. But when? I am afraid echo will sadly answer, When?

I am, Sirs, your obedient servant,

Feb. 4th, 1889. J. H.

P.S.—I cannot reply to all your correspondents, but I should be very glad if as many as possible will put themselves in communication with me.

*** We have received so many letters on the above subject that we find it impossible to find space for even a tithe of them. The question is one which evidently excites widespread interest; but the correspondence elicited thus far does not serve clearly to elucidate the best means of securing a remedy for the evils complained of.—ED. L.

RIGORS.

To the Editors of THE LANCET.

SIRS,—I have read Mr. Gilchrist Burnie's article on "Rigors: what they may indicate," in your issue for Jan. 26th, with much interest. In a paper published by me in 1881, entitled "Observations on Puerperal Temperatures,"[1] I wrote as follows: "A rigor is not simply an indication of the advent of the febrile condition; it demonstrates that perverted function has already taken internal possession; it is the signal of distress which the nervous system throws out on its being perturbed by the invading malady. That rigors are not always present, or, if so, unnoticed, is not singular. But it is, as usual, an experience to find, as naturally to be expected, that metric affections accompanied with much pain are signalised by a decided rigor. The recurrent rigors characteristic of pyæmic affections are to be regarded as indicating the attempts of the system to throw off the repeated doses of the poison by crises. The rigors which are not uncommonly an accompaniment of cases which are of purely mental causation are accounted for in the same way; they are manifestations of internal nervous irritation. In slowly invaded cases, where the disease is more gradual and insidious in development, the climax as shown by rigor is seldom reached. Possibly the nervous sensibilities are too much exhausted to resist the intruding evil after it has assumed such dimensions as to be of vital concern. In such cases the vitality has been previously undermined. In some terribly rapid cases of puerperal death there is no time for the exhibition of rigor; the system succumbs to the poison ere it has had time to summon resistance. In many cases the rigor is so mild that it escapes notice, and in others I believe it is never present owing to individual peculiarity or to some of the preceding causes." The foregoing had special reference to the puerperal condition, but is pretty widely applicable. I am glad to find additional corrobation of my interpretation of rigors in Mr. Burnie's valuable clinical contribution.

I am, Sirs, yours truly,

A. D. LEITH NAPIER, M.D.

Beaufort-gardens, S.W., Jan. 30th, 1889.

[1] Transactions of the Edinburgh Obstetrical Society, vol. vi.

MIDWIFERY FORCEPS.

To the Editors of THE LANCET.

SIRS,—In Dr. Haslam's letter in THE LANCET of the 9th inst. concerning my forceps there are some remarks which are most misleading, and which call for an immediate reply from me.

Speaking of the handle of the upper blade, he says: "If flexed forwards (as in Mr. Blenkarne's) the thigh and calves of the patient would utterly prevent introduction." (!) Dr. Haslam must imagine the patient to be lying in a very peculiar position to have arrived at this remarkable conclusion, and his opinion is simply theoretical; whereas I have proved on several occasions by practical experience the extreme utility of my invention. Had I not done so, I should scarcely have taken the trouble to introduce my forceps to the notice of the profession. Then again, although this is a very "knowing" age, it is certainly news to me that a uterus can diagnose as to whether it is an upper or a lower blade that is introduced first, and repel the intrusion of a lower blade more than that of an upper one, the fact being that very often even a finger being introduced into the uterus will set up contraction of that organ. Lastly, in the "P.S." to Dr. Haslam's letter, he says: "The woodcut is an inaccurate representation of my forceps." This is impossible and contrary to fact, as, to ensure there being no mistake, I had the upper blade of Dr. Haslam's forceps photographed, and it was from that photograph (of which I sent copies to yourselves) that Messrs. Coxeter and Son, the makers of Dr. Haslam's forceps as well as of my own, had the engraving taken. I will not trespass on your valuable space to enter into any minor matters, but remain

Yours faithfully,

Leicester, Feb. 9th, 1889. W. L'HEUREUX BLENKARNE.

CERTIFYING FACTORY SURGEONS.

To the Editors of THE LANCET.

SIRS,—I think it is quite time, seeing that employers of labour have had an interview with the Home Secretary, for the certifying surgeons to meet to consider their position, and, if thought desirable, to present their opinions to the Home Secretary. I submit that there is as much need now as there ever was for the office of the certifying surgeon for many reasons, which are obvious perhaps not so much for the purpose of filling up a certificate of age as for determining the fitness for work &c. I hope the surgeons holding these appointments will combine themselves into a society forthwith to discuss the whole bearings of the subject.

I am, Sirs, yours truly,

Accrington, Feb. 12th, 1889. RICHARD CLAYTON.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Royal Infirmary.

THE annual meeting of the Royal Infirmary has been held, and the report, on the whole, must be considered satisfactory. It is impossible in this place to refer to more than a few points of interest. The whole number of in-patients received into the Infirmary during the year has been 3175, being 175 more than were received during the year 1887. The average cost of each patient has been £3 12*s.* 2½*d.*; last year it was £3 12*s.* 7*d.* Not long ago the cost for several years was above £5 a patient; in 1887 it was £6 15*s.* 6*d.*, nearly double the present amount. The number of deaths has been 194, giving a death-rate of 6·11;

in the previous year the number of deaths was 206, giving a death-rate of 6·82. The infirmary has ceased to prescribe for the ordinary class of out-patients and casuals, the out-patients now consisting of those whose residence in the house is no longer necessary, and of those suffering from slight accidents; the number of these classes of patients has been 5742; last year it was 5847. The number of operations performed has been 949, which is 47 more than last year. Ovariotomy has been performed in 9 cases, of which 8 were successful. Twelve cases of stone in the bladder were operated on, all of them successful but one, where scarlet fever developed after the operation. The whole ordinary income of the year was £10,153 7*s.*: of this the general subscribers have contributed £3079 11*s.* 6*d.*, while the workmen's contributions have amounted to £2503 18*s.* 8*d.*, being an increase of £953 on the previous year. The Hospital Sunday Fund has contributed this year £700.

Hartlepools.

The annual meeting of the Hartlepools Hospital has been held, and the report showed that the number of in-patients treated during the year was 338. The out-patients numbered 466 medical and 374 surgical. The death-rate was 4·4 per cent. Four of the deaths took place within twenty-four hours of admission. Deducting these from the above, it showed a death-rate of 3·2 per cent. At the last meeting of the Hartlepools Town Council the continued high death-rate came under consideration. The medical officer (Mr. Rawlings, J.P.) reported the death-rate for January to be 44 per 1000. He thought that the mortality, startling enough in itself, might be accounted for in several ways. In the first place, a very large number of old persons had died during the month. No fewer than 20, against an average of 12, bodies were washed ashore, and no fewer than 9 inquests had been held. Fourteen deaths took place from infectious diseases, whooping-cough being fatal in no fewer than 7 cases. On the whole, Mr. Rawlings considered that, notwithstanding the heavy death-rate, the sanitary condition of the borough was improved.

Sunderland.

Much regret was caused in Sunderland last week by the death of Dr. John Coatsworth Watson, at the early age of thirty-two. Dr. Watson, who was well known in Newcastle, was a rising and successful practitioner. He graduated at Aberdeen, where he received his M.D. He was also M.R.C.S.Eng. As well as at Aberdeen, he studied in Edinburgh, and also at University College, London. His first introduction to practice was in Newcastle, where he held the post of visiting surgeon to the Dispensary. He afterwards removed to Sunderland, where he took over the private practice of the late Dr. Francis, and in course of time received many public appointments. Dr. Watson got a severe attack of typhoid fever a little before Christmas, from which he was slowly recovering when pneumonia set in, followed by empyema, for which he underwent operation on the day of his death. He was most kindly attended by Messrs. Maling and Morgan of Sunderland, as well as by Dr. Drummond and Mr. Page of Newcastle. Dr. Watson was most popular with his patients, all of whom trusted him implicitly. He was also held in high esteem by his medical brethren. He has left a young widow and two little children.

Morpeth.

Mr. Matthew Brumell, M.R.C.S., died at his residence, Oldgate-street, Morpeth, on Friday night last, at the advanced age of seventy-seven. Mr. Brumell was long at the head of the profession in Morpeth, but about three years since he retired from active duties. He held, among other public appointments, the office of surgeon to Her Majesty's Prison, Morpeth, and on its removal (so far as regards the officers and prisoners) in 1881 he retired on a pension. The deceased gentleman was highly respected by all classes. It is understood that at first he had rather a hard struggle to get on in Morpeth, but that by dint of perseverance and attention to his profession he even before middle life reaped a large measure of success.

Newcastle-on-Tyne, Feb. 13th.

DIPHTHERIA.—The Sanitary Board of Montreal has ordered that a placard bearing the word "Diphtheria" shall be affixed to the doors of all houses infected with that disease.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

University of Edinburgh: Buildings Extension Scheme.

AN abstract statement of the accounts of the above scheme, recently issued, gives some most interesting information as to the funds raised for the University new buildings. It certainly cannot be laid at the door of the Scottish public that they have not performed their share of the compact, for of the whole sum of nearly £244,600 Government has been called upon to contribute £80,000 only; this quite apart from the munificent gift of Mr. M'Ewan, which was recently noticed. As almost the whole of the medical classes are now concentrated in the beautiful pile of buildings in Teviot-place, this new University must be considered a modern medical school, equipped with all the most recent appliances for the teaching of medicine and surgery in all its departments. Of the sum raised, about £32,000 was expended on the site, £6000 on altering the class-rooms in the old University for their new occupants of the arts, law, and theology faculties, and the remainder on the buildings, either directly or indirectly. The buildings were formally handed over to the Senatus Academicus near the end of last year, and are now under regular university control. Whatever may be the effects of the passing of the Scottish Universities Bill, a Bill that at present bulks largely in the calculations of those interested in the prosperity of the Scottish universities, the University of Edinburgh is thoroughly well prepared for any work that may be cut out for it in the future as far as class-rooms and laboratory accommodation are concerned.

The Students' Union.

In some of the London medical schools there are, I believe, places where the students may dine; there are reading-rooms and there are debating-rooms. These exist in University College I know, and no doubt also in others. With their Union the Edinburgh students are at present in a most tantalising position; the water touches their lips, but drink they cannot. Building operations are completed, but all the money raised has been sunk, and nothing remains wherewith to furnish the buildings that now stand in Park-place. The Union Committee met recently, however, and, after discussing ways and means, have fully determined that the buildings must, if possible, be opened at the beginning of the summer session. Old Edinburgh graduates should note that Professor Chiene proposes that the club should be opened at once, and that the following terms be held out to original members: graduates who live in town to pay £5 5*s.*, those living in the country £3 3*s.*, such sum to entitle the subscribers to membership for ten years; fourth-year students to subscribe £1 1*s.* for the privilege of membership until they graduate, other students to have similar privileges for £2 2*s.* It has also been suggested that the payment of £1 1*s.* should entitle any student to membership from May, 1889, to November, 1890. It might further be suggested that 10*s.* 6*d.* should be the fee for men who are this year appearing for their final examination, many of whom will consequently be members for two or three months at the utmost. The Union should be opened, and every effort made to raise sufficient money to do this as early as possible. Many men who have long left their student days behind will be glad to take part in finishing and furnishing what must eventually come to be a most important factor in the social life of their *alma mater*.

Second Division, Volunteer Medical Staff Corps: Smoking Concert.

A first and most successful smoking concert was given by the 2nd Division, Volunteer Medical Staff, on Saturday evening, at which were present a large body of medical students and other medical men. Surgeon Young, M.C.A.V. (who was supported by Professor Armstrong, Surgeon Cathcart, V.M.S., Surgeon Hepburn, V.M.S., Surgeon Woodhead, V.M.S., and Quartermaster Bashford, V.M.S.), presided, and, in the course of some remarks, expressed regret at his having to preside owing to the indisposition of Dr. Irwin. He (the chairman) was one of the medical men who were present at the birth of the Medical Staff Corps. It looked at one time as if the child were not to be born at all. The difficulty was with her foster-parent in the form of an economical—he would almost say parsi-

monious—Government, who was unwilling to take the child in hand. That difficulty was got over, and in due time the child appeared. It was a very vigorous child from the beginning. He believed that from the very first it was able to walk on its own legs. He congratulated the corps on the success which had attended the exercises they were engaged in at Aldershot some time ago. From the very first the members of the company had shown great energy and competency, and they were exceedingly fortunate in their officers. The Edinburgh Lay Company of the V.M.S. (not yet recognised by Government) provided a Caledonian troupe of Highland dancers, who went through a number of national dances, to the evident delight of the audience. The whole concert was most admirably managed, and reflected great credit on the ability and energy of the members of the corps.

Edinburgh University Lecture Extension Association.

The reproach that there are too few workers to carry on higher academic work can scarcely be laid at the doors of the Edinburgh University, as may be gathered from the report issued by the Edinburgh University Lecture Extension Association. The lecturers are chiefly graduates in the arts or science faculties, men who have distinguished themselves in the subject they profess, and in a few instances the professors themselves deliver courses of lectures. At present, negotiations are going on for assigning special districts to each of the Scottish Universities in which this movement has been taken up, more particularly for the purposes of examination. Perfect freedom, however, is given to all local centres in the choice of lecturers, who may be selected from any of the three lists. This form of extra-mural teaching has, up to the present, been attended with the very best results, as may be gathered from the number of students who have satisfied the examiners in the competition for certificates. No fewer than forty-five out of fifty candidates passed the examination required, and in some cases the examiners expressed themselves greatly pleased with the papers. Physics, physiology, zoology, and chemistry are amongst the more popular subjects, and in each case these seem to be in the hands of most competent exponents.

Edinburgh, Feb. 12th

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

DUBLIN.

Royal University of Ireland.

AT a meeting of the Senate last week the following were appointed Examiners for 1889:—Midwifery: J. W. Byers and John A. Byrne. Medical Jurisprudence: M. F. Cox and Edmund W. Davy. Materia Medica: F. J. B. Quinlan and W. Whitla. Ophthalmic Surgery: Henry R. Swanzy. Anatomy: A. E. J. Birmingham. Sanitary Science: Sir C. Cameron. Various changes in the course and regulations for examinations in arts and medicine were approved of and directed to be brought into operation in 1890. It was decided that after this year experimental physics shall cease to be a compulsory subject of the matriculation examination, but that any candidates who so desire may present themselves for examination therein. It was ordered that a meeting of Convocation be held on the 9th of April next, to elect two senators to fill vacancies caused, one by the resignation of Dr. Whitla, the other by the determination on April 6th of the period for which Dr. William Thomson was elected in 1886.

The Amalgamation of the Dublin Medical Schools.

At a meeting of the Council of the Royal College of Surgeons last week a communication from Mr. Broomfield was under consideration. If I am not incorrectly informed, it was to the effect that he would cease to offer any opposition to the scheme being carried out if the Council would agree to his receiving £100 a year as college anatomist. The matter has been referred to a committee, but a serious difficulty in the matter is that, as in the original scheme as ratified by the Council there were three (of whom Mr. Broomfield was one) nominated as college anatomists at a yearly salary of £50, the remaining two, Messrs. Ledwich and Knott, very naturally would expect to be placed on a similar footing as Mr. Broomfield, should he obtain the additional amount he asks for.

The Registration of Plumbers.

A public meeting was held last week in Dublin for the purpose of considering the means of extending the registration of qualified plumbers, and providing for their special training and examination, in the interest of the public health. Sir Charles Cameron, medical officer of health for Dublin, proposed a resolution in reference to bringing about a national system of registration of plumbers, and that a district council for Dublin and district in union with the London Plumbers' Company be formed, which council should associate all representatives from the master plumbers, the operatives, and the public.

By the resignation of Dr. Norman Thompson a vacancy for a physician to Newtown Kennedy Fever Hospital has occurred, which the governors will fill up this week.

Dublin, Feb. 12th.

BELFAST.

Belfast Lying-in Hospital.

The ninety-sixth annual meeting of this hospital was held on Feb. 6th, and, from the medical report read by Dr. Brice Smyth, I learn that 161 women were delivered in the hospital during the year, of whom 1 died; 162 children were born, 2 being twins, 85 males and 77 females; 22 were still-born, and 2 died soon after birth. On April 27th an extern department for women and children was opened, and 228 cases have attended since that time. The hospital is now free from debt. During the past year a large class of students have received clinical instruction, and five nurses have been trained in the hospital.

The Royal Medical Benevolent Society Fund.

The annual meeting of the Belfast Branch of this Fund was held on Feb. 6th, but, probably owing to the hour, the attendance was small. The secretary (Dr. Burden) in his report stated that in recent years the Society had lost by death and otherwise many liberal subscribers, and that the gaps thus made had not been filled by new names. A special circular, with a report of the Society, has been sent to every doctor in the counties of Antrim and Down. In the year 1860 a sum of £113 2*s.* 6*d.* (proceeds of that year) was transmitted from Belfast to the treasurer of the parent Society, while in 1888 this subscription had fallen to £56 18*s.* 6*d.* Some of the speakers referred to the fact that so few of the younger members of the profession subscribed to the Society, and it was decided to send a deputation to urge its claims on those members of the profession who had not as yet become contributors to its funds.

Registration of Plumbers.

A meeting was held on Feb. 9th, in the Council Chamber, Belfast, the Mayor presiding, when a deputation from the Worshipful Company of Plumbers, London, attended and addressed the meeting. The following resolution was passed: "That this meeting of the master and operative plumber citizens of Belfast and representatives of Ulster, having heard the statements respecting the action of the Worshipful Company of Plumbers, London, with the view of bringing about a national system of registration, resolves (1) that a district council for Ulster, in union with the London Plumbers' Company, be formed to carry out such a system for that district, and (2) that the said district council shall consist of representatives from the master plumbers, the operative plumbers, and the public." Representatives from each of these classes were selected. The objects of this system of registration are—first, to oblige those entering the trade of plumbers to pass a searching examination as to their capabilities; and, secondly, to give youths, during their apprenticeship, sound technical education in specially formed classes.

Belfast, Feb. 12th.

CAVENDISH COLLEGE, CAMBRIDGE.—An examination will be held on July 23rd and following days, at which eight scholarships of £30 a year will be offered. Candidates must be under eighteen years of age on Oct. 1st, 1889, and may offer for examination one or more of the following subjects:—Classics, mathematics, natural science, modern languages. The regulations and conditions may be had on application to the Master.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Danger of Stoves.

GREAT sensation has been caused by a declaration made by Dr. Lancereaux at the Academy of Medicine, to the effect that the use of stoves for the heating of rooms is attended with the most disastrous results, either by acute or chronic poisoning of the blood, ending fatally, or causing deterioration of the health as manifested in a variety of ways. Dr. Lancereaux has recently had several cases brought under his observation of intoxication by the oxide of carbon set free by slow combustion in these stoves, which generally have not a sufficient draught, and hence the accumulation of the poisonous gas in the rooms. This danger is not confined to the room in which the stove is heated, but may extend to the neighbouring rooms, either on the same floor or above or below it. It is sufficient to have a fissure in the chimneys to permit the oxide of carbon to pass from one chimney to another, and thus cause intoxication of the neighbours. It has been proved that, even when the apartment in which the stove is heated is well ventilated, the atmosphere of the room always contains a sufficient quantity of the oxide of carbon to exercise a disastrous elective influence on the red globules of the blood. These remarks have been fully corroborated by Dr. Brouardel, who insisted on the danger arising from intoxication by oxide of carbon, even in the open air. Every winter the dead bodies of workmen are brought to the Morgue who had been lying about lime-kilns, from which escape large quantities of the oxide of carbon, with which these men had been poisoned. M. Gautier, the eminent chemist, stated that the smallest quantities of the oxide of carbon contained in the air might prove dangerous. The blood has a special affinity for the oxide of carbon and the reduction of oxyhæmoglobin, which is distinctly seen with the spectroscope. With $\frac{1}{15000}$ of the oxide of carbon there is destruction of the eighth of the total quantity of the blood. He cited several cases of grave accidents due to the oxide of carbon produced by the foot-warmers that are filled with lighted charcoal dust and placed in cabs, &c. There have been this year alone five or six cases of poisoning caused by these appliances.

Cholera: a Suggested Remedy.

A short time ago M. Loewenthal had a note read for him at the Academy of Sciences in which he gave the result of his researches on the microbe of cholera and its inoculation. He then conducted certain experiments on animals with the salicylate of phenol or salol, and had reason to conclude that he had found in this substance a remedy for cholera. Professor Cornil read a report of these experiments at the Academy of Medicine on Tuesday last, in which he stated that, to obtain conclusive results, one must be able to inoculate animals with cholera in a manner as simple and as certain as that which we possess for the transmission of charbon, for example, or of tuberculosis. In the absence of this condition, the effects produced cannot have the necessary demonstrative significance. Notwithstanding this, added M. Cornil, the results of the experiments of M. Loewenthal are always of a nature to furnish one more indication for the trial of salol against cholera in man.

Sanitary Bulletins.

The Prefect of the Vosges has decided upon the publication fortnightly of a sanitary bulletin, which will be transmitted to all the medical men of the department, and will permit them to take such prophylactic measures as they may judge necessary. This bulletin will mention the localities in which an epidemic affection declares itself, its nature, its course, and its gravity. This is a move in the right direction, and should be carried out in each department.

Prizes of the French Society of the Hygiene of Childhood.

The French Society of the Hygiene of Childhood is offering prizes for the following subjects:—1. The milk of different animals with regard to its nutritive properties. 2. Infection at school. 3. A monograph on the subject of the hygiene of an industry employing children. The essays must be written in French or accompanied by a French translation, and must be sent in before May 1st of the present year, addressed to M. le Docteur Chassing, 207, Rue St. Antoine, Paris. They must be unsigned, but must contain a motto, which motto is also to be superscribed on a sealed envelope containing the name and address of the author.

Paris, Feb. 12th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

THE Hufeland Medical Society of this city has resolved to unite itself with the Gesellschaft für Heilkunde (Society for Medical Science). The Hufeland Society is the oldest medical society in Berlin, and was founded in 1810. At first it was called "The Medical and Surgical Society," but since 1813 it has borne the name of its first president. It was long the centre of all medical effort in Berlin, but has of late been thrown more into the background by younger societies. It has repeatedly influenced public opinion on questions relating to the preservation of public health, as, for instance, by means of the pamphlet published by it, entitled "The Medical and Pedagogical Value of Gymnastics." Dr. Martin Steinthal was president for a long series of years. He was well fitted to be the successor of Hufeland, of whose famous popular work, "Makrobiotik, or the Art of Lengthening Human Life," he prepared a new edition. He laid down his office not long ago owing to his advanced age, and was succeeded by the present president, Professor Tobold, whose name became very widely known last year and the year before in connexion with the Emperor Frederick's fatal illness. A recent bequest made this Society the richest in Berlin. Its scientific meetings have been for years past few and far between.

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Rights of States to restrict Medical Practice.

IN many of the States laws have been passed regulating the practice of medicine. The result has been that quacks have been driven out of practice. In Illinois more than 3000 doctors, so-called, were compelled to take down their names and retire to other business, or leave the State. Recently a person practising medicine in the State of West Virginia as an eclectic was prosecuted for violation of the laws relating to the practice of medicine. The State Courts, in which the case was tried, all decided against him. Whereupon he appealed to the Supreme Court of the United States. This Court has just handed down its decision, sustaining the State Courts. The result of this decision will be most salutary. All of the States will now be free to legislate on this subject, and quackery will be driven from the country, at least its grosser forms.

Growth of the Marine Hospital Service.

There is in the Treasury Department of the General Government at Washington a bureau devoted originally to the care of sick sailors in port. It was created about 1797, in imitation of a similar service in the English marine system. It was supported by a *per-capita* tax laid on sailors. Sailors were then defined to be persons serving on sailing vessels. With the growth of steam navigation the number of sailors diminished until this bureau nearly ceased to have any functions. The law was then changed and made to include all persons serving on any water craft, whether on the high seas, lakes, or navigable rivers. This change brought an ample revenue, and the small bureau immediately expanded into one of the most important branches of the public service. The value of its services to the contributors to its enormous fund became doubtful, for all the former relations of sailors and others on water craft had changed. The sailor was no longer a man without a home, but had his own domicile, and chose to take care of himself when sick. Lately the *per-capita* tax was removed and a tonnage tax substituted, thus relieving the sailor of a direct tax. At length, the Bureau began to have charge of Government sanitary work, and

finally enlarged these duties until it absorbed all such work. The final step in the evolution of this service has been to place it on the same basis as the medical department of the army and navy. Its medical officers are graded as in the navy, and the pay of the chief medical officer has been raised to that of the surgeon-general of the army.

Apprehensions of a renewal of Yellow Fever.

The winter is so mild in the regions visited by yellow fever last summer that there is great apprehension among sanitarians lest the germ of that pestilence should not be destroyed by the cold. The effort is being made to carry out a system of cleansing and disinfection in all the infected localities. All worthless articles are burned. Steam heat is applied to other articles, all apartments are cleansed and disinfected, and, finally, exposure to constant ventilation by cold air completes the process. The Governor of Florida has called together the Legislature for the sole purpose of creating a Board of Health.

New York, Jan. 28th.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following candidates, having passed the necessary examinations, were, at a meeting of the Council on the 12th inst., admitted Members of the College:—

J. R. Anderson, L.R.C.P.I., Trevor-square; F. C. Angear, L.R.C.P.I., Lavender-sweep; W. C. Anstie, L.R.C.P.I., York-street; W. E. A. Armstrong, L.R.C.P.I., Queen's Gate Gardens; J. C. Baines, L.R.C.P.I., East Rudham; F. W. Barton, L.R.C.P.I., Etchingham; G. Barton, L.R.C.P.I., Courtfield-road; R. F. Bate, L.R.C.P.I., Wimbledon; T. B. Beach, L.R.C.P.I., Houghton-place; P. T. B. Beale, L.R.C.P.I., Grosvenor-street; W. R. Boyd, M.B.Melb., Sandhurst, Victoria; A. M. Braund, L.R.C.P.I., Billington-road; F. Brightman, L.R.C.P.I., Sheerness; W. R. Brunton, L.R.C.P.I., Commercial-road; G. W. Chaster, L.R.C.P.I., Southport; C. W. J. Chepmell, L.R.C.P.Ed., Brook-street; W. F. A. Clowes, L.R.C.P.I., Stalham; A. Conway, L.R.C.P.I., Stalybridge; H. G. G. Cook, L.R.C.P.I., Cromwell-road; C. H. Cosens, L.R.C.P.I., Melbury-road; G. B. Courtney, L.R.C.P.I., Collingham-place; T. P. Cowen, L.R.C.P.I., Ingleby-road; A. Crossley, L.R.C.P.I., Leicester; F. S. Davar, L.M. & S.Bombay, Bulstrode-street; F. L. Davis, L.R.C.P.I., Clifton; B. H. Deare, L.R.C.P.I., Basseur-park-road; A. Lewis Devenish-Meares, L.R.C.P.I., St. Thomas's-terrace; C. A. de Silva, L.R.C.P.I., Gower-street; George H. Douthwaite, L.R.C.P.Ed., Sydenham-park; H. N. Edwards, L.R.C.P.I., North Dulwich; A. Ehrmann, L.R.C.P.I., Oseney-crescent; H. M. Evans, L.R.C.P.I., Richmond; H. L. Ewens, L.R.C.P.I., Bromyard; A. R. St. L. Fagan, L.R.C.P.I., West-street; J. F. Farrar, L.R.C.P.I., W. Kensington; R. E. Fasnacht, L.R.C.P.I., Wandsworth-common; C. E. P. Fowler, L.R.C.P.I., St. Mary's Hospital; H. Fraser, L.R.C.P.I., Roehampton; A. D. Fripp, L.R.C.P.I., Hampstead-hill-gardens; C. J. Fuller, L.R.C.P.I., Woolwich; A. Gale, L.R.C.P.I., Hull; H. Gervis, L.R.C.P.I., Harley-street; L. P. Gibson, L.R.C.P.I., Gordon-street; W. Gibson, L.R.C.P.I., Grantham; C. N. Graham, L.S.A., Guy's Hospital; F. W. Gunn, L.R.C.P.I., Richmond; John Halliwell, L.R.C.P.I., Bury, Lancs.; B. Hamilton, L.R.C.P.I., Finchley; J. A. Hayward, L.R.C.P.I., Conock Devizes; S. Herbert, L.R.C.P.I., Southampton; R. T. Hewlett, L.R.C.P.I., Upper Richmond-road; O. E. Higgens, L.R.C.P.I., Chiswick; John Hill, L.R.C.P.I., Lamb's Conduit-street; A. D. P. Hodges, L.R.C.P.I., Watton, Herts; J. C. Hoyle, L.R.C.P.I., Stoke Newington; J. Jeeves, L.R.C.P.I., Tadema-road; H. D. Johns, L.R.C.P.I., Boston; George M. Jones, L.R.C.P.I., Lee; L. W. Keiffenheim, L.R.C.P.I., Penymer-road; H. A. Kidd, L.R.C.P.I., Montague-square; E. O. Kingdon, L.R.C.P.I., Kempsford-gard.; A. B. Kingsford, L.R.C.P.I., Fitzroy-street; H. E. Knight, L.R.C.P.I., Yorks; F. Wm. Lewitt, L.R.C.P.I., Wandsworth; D. W. Liebstein, L.R.C.P.I., Highbury-hill; F. T. Long, L.R.C.P.I., Wallington; H. H. B. MacLeod, L.R.C.P.I., Forres; J. McOscar, L.R.C.P.I., Loudoun-road; F. R. S. Milton, L.R.C.P.I., Fentiman-road; A. W. Mitchell, L.S.A., Wandsworth-common; W. Molesworth, L.R.C.P.I., Bristol; E. J. Moore, L.S.A., Blackheath; P. L. Nettleship, L.R.C.P.I., Shipston-on-Stour; E. O. Newland, L.R.C.P.I., Trinity-sq. H. W. Newton, L.R.C.P.I., Feltham; C. A. Owen, L.R.C.P.I., India; F. G. Parsons, L.R.C.P.I., Middlesex Hospital; R. Pickard, L.R.C.P.I., Bishop's-road; P. R. Ponsford, L.R.C.P.I., Mornington-road; K. W. Poole, L.R.C.P.I., Anerley-hill; J. D. Price, L.R.C.P.I., Blackheath; H. E. Rawlings, L.K.Q.C.P.I., Swansea; G. C. Rennie, M.B. Melb., Albert-street; H. W. Reynolds, L.R.C.P.I., Southsea; C. H. Roberts, L.R.C.P.I., Sutherland-avenue; E. A. Roberts, L.R.C.P.I., Brixton-road; K. Roberts, L.R.C.P.I., Somerset; G. H. D. Robinson, L.R.C.P.I., Wilberforce-road; B. M. H. Rogers, L.R.C.P.I., University College Hospital; R. A. Sawyer, L.R.C.P.I., West Indies; G. W. Sequeira, L.S.A., Aldgate; H. Sharman, L.R.C.P.I., Hampstead; R. J. Singh, L.R.C.P.I., Punjab; W. P. Smart, L.R.C.P.I., Norfolk; A. A. Smith, L.R.C.P. Edin., Herne-hill; H. C. Smith, L.R.C.P.I., Blenheim-crescent; J. W. Smith, L.R.C.P.I., Kennington-road; J. P. Smith, L.R.C.P.I., Chelsea. Wm. C. Sprague, L.R.C.P.I., Edinburgh; H. Stelfox, L.S.A., Southport; E. G. Stocker, L.R.C.P.I., Cornwall; E. H. Strong, L.R.C.P.I., Bournemouth; F. Wm. Style, L.R.C.P.I., Cambridge-road; W. G. Thistle, L.R.C.P.I., Dean-street; J. S. Thomson, M.B.Melb., Albert-street; W. G. Thorpe, L.R.C.P.I., Larkhall-place; J. T. Tibbles, L.S.A., Melton Mowbray; Geo. E. Weary, L.R.C.P.I., Fentiman-road; A. Willson, L.R.C.P.I., New Kent-road.

UNIVERSITY OF LONDON.—The following candidates passed the Preliminary Scientific (M.B.) Examination during January of the present year:—

ENTIRE EXAMINATION.

First Division.

Baker, E. G., B.A., Owens Coll. and Private Study and Tuition.
Davies, H., Univ. Coll. Bangr., Guy's, and Charterhouse Sch. Sc.
Dexter, T. F. G., B.A., Univ. Corres. Classes and Priv. Study.
Every-Clayton, L. E. V., Guy's Hosp. and Birkbeck Institute.
Herring, Wm. Conyers, St. Bartholomew's Hospital.
Poynton, F. J., Univ. Coll. Bristol and St. Mary's Hospital.
Rhodes, C. M., Epsom Coll. and St. Mary's Hospital.
Travers, F. T., Blundell's Sch. and Univ. College.

Second Division.

Brundrett, Gilbert Thomas, Owens College.
Clarke, T. H., Lond. Hosp. and Private Study.
Gaman, F. R. S., Epsom and University Colleges.
Grant-Wilson, C. W., St. Thomas's Hosp. and Univ. Cor. Classes.
Henderson, R., Guy's Hosp. and Private Study.
Le Pelley, A. M., Ladies' Coll. Cheltenham, Univ. Coll. and Pr. St.
Lowe, Lockhart, Mason College, Birmingham.
Piper, F. P., Epsom Coll. and St. Mary's Hospital.
Thomson, H. Campbell, Epsom Coll. and Middlesex Hosp.

ROYAL UNIVERSITY OF IRELAND.—The following degrees were conferred at a late meeting of the Senate:—

Master of Obstetrics.—Nicholas J. McDonnell, Francis J. Tuohy.
Bachelor of Obstetrics.—Charles R. Leader.
Bachelor of Surgery.—John R. Dawson.

THE SANITARY INSTITUTE.—A course of lectures and demonstrations for sanitary officers, specially adapted for candidates preparing for the institute's examination for inspectors of nuisances, will be commenced on March 5th, and will be continued on Tuesdays and Fridays until April 16th. The lectures commence each evening at 8 P.M.

TESTIMONIAL TO Mr. G. P. FIELD.—The testimonial to Mr. Field, late Dean of St. Mary's Hospital Medical School, will be presented by Dr. Broadbent, senior physician to the hospital, at the annual sports dinner to be held at the Holborn Restaurant on March 12th, Mr. Critchett in the chair. It is expected that a large number of old St. Mary's men and subscribers to the fund will be present on the occasion.

COUNTY AND CITY OF PERTH INFIRMARY.—Lord Stormont presided at the fifty-first annual meeting of the subscribers and contributors held at the Commissioners' Hall on the 4th inst. The ordinary income was reported to have amounted to £2451 11*s.* 4*d.*, while the expenditure was £2749 6*s.* 4*d.* Legacies and donations had been received to the amount of £673. By Her Majesty's sanction the institution would, in future, be known as the County and City of Perth "Royal" Infirmary.

AMBULANCE LECTURES.—Dr. Darwin has commenced a course of ten lectures in ambulance work at the Grammar School, Manchester. Two courses will be given each year, so that every senior student leaving the school shall have a chance of acquiring a thorough knowledge of first aid.—At the examination held after the eighth course of lectures to the Manchester division of the Lancashire Constabulary, delivered by Dr. Darwin, every member again passed. Nearly every member of this division has now the St. John Ambulance certificate.

THE VENTNOR CONSUMPTION HOSPITAL.—At the annual meeting of this institution, the report, which was adopted, showed that the total receipts were £8913 and the expenses £9280, the number of in-patients having increased from 666 to 735. An analysis of the occupations of the patients showed that 77 per cent. were engaged in in-door pursuits, showing that the impurities of vitiated atmosphere in dwellings and places of business were among the principal causes of consumption. A sum of £3000 is required for purposes connected with the hospital.

ROYAL FREE HOSPITAL, LONDON.—The sixty-first annual report of the committee states that several of the City Companies had made further generous contributions to the funds of the hospital during the past year, while other liberal donors had come forward. The medical report showed that the number of in-patients admitted to the hospital during the year was 1823, the average number of patients in the wards was 133. New side wings were about to be constructed, and provision would be made for two dormitories to accommodate fourteen nurses each. With the consent of his lordship, Lord Dufferin and Ava was elected president of the hospital

INQUESTS IN 1888 IN WEST MIDDLESEX DIVISION.—The annual statistical report of Dr. Diplock, coroner for West Middlesex, just published, shows that during the past year the number of cases reported to him was 1037, but in 220 of these no inquests were considered necessary. During the twelve months the actual number of inquiries held was 817, the classification of which is as follows:—On persons under one year of age, 228; above one year and under sixteen years of age, 111; above that age, 478. The verdicts were: murder, 7; manslaughter, 2; suicide (37 males and 16 females), 53; violent deaths (accidental), 219 (139 males and 80 females); from other causes, 536.

CHARING-CROSS HOSPITAL.—The sixty-eighth annual report represents the past year as a prosperous one, and excellent work had been done. 1870 in-patients were admitted, nearly 200 in excess of any previous year. In the out-patient department 9617, and in the casualty rooms 9735, patients had been treated, a total of 21,222. There had been an augmentation to the annual subscriptions. The Council are about to take the nursing of the hospital into their own hands, and hoped during the year to open a convalescent home at an estimated cost of £5000. The Council also contemplate an expenditure of at least £10,000 for extension purposes, chiefly in connexion with the enlargement of the medical school. The accounts showed total receipts of £15,065. The expenses amounted to £11,256. The report was adopted.

BELGIAN MEDICAL MEN AND PHARMACISTS.—The struggle between the medical men and the pharmacists in Belgium still continues, each profession trying to get the law altered in a way which it believes will be conducive to its own interests. The great bone of contention is now, as usual, the permission given to medical men under certain circumstances to do their own dispensing. Though there are always advocates amongst ourselves for the total abolition of dispensing by medical men, who cherish the fond hope that in this way the position of both doctors and chemists would be raised, a study of the correspondence in continental medical journals does not give much encouragement to the idea, for there are constant complaints that the supposed compact entered into is liable to act prejudicially to both professions.

BEQUESTS AND DONATIONS TO HOSPITALS.—Mr. F. T. Barry, of St. Leonard's Hill, Windsor, has given £1000 to the Windsor Royal Infirmary, for the erection of an accident ward to the institution.—The Armourers and Brasiers' Company have granted a donation of five guineas to the building fund of the British Home for Incurables (offices: 73, Cheapside).—The Cutlers' Company have made a grant of ten guineas to the funds of the Lewes Dispensary and Infirmary and Victoria Hospital.—The late Mr. John Chapman, of Brecknock-road, N., L.R.C.P. Edin., has bequeathed about £15,000 each to the Royal Hospital for Incurables, the Orphan Working School, and the British Medical Benevolent Fund.—The Clothworkers' Company last week voted £1600 to various London hospitals.—By the will of the late Mr. Edward Barratt, £200 has been bequeathed to the Warrington Infirmary.

THE FRENCH HOSPITAL: A MUNIFICENT BEQUEST.—His Excellency the French Ambassador presided at the twenty-first annual banquet on behalf of the French Hospital in London, which took place on Saturday last at Willis's Rooms, a large number of distinguished guests being present, including the Sheriffs of London and the members of the Corps Diplomatique, the Lord Mayor being prevented from coming at the last moment by indisposition. After the usual toasts had been drunk, M. Waddington announced that, thanks to the testamentary generosity of M. Anchors, a French citizen, a sum exceeding one million of francs (£40,000) would shortly accrue to the institution. He congratulated the governors of the hospital on this piece of good fortune, particularly in view of the burden laid on their resources by the building of the new hospital on the land recently acquired for that purpose in Shaftesbury-avenue. No reason is assigned for this unexpected windfall, the deceased benefactor being quite unknown to anyone connected with the institution. According to the report, read by the honorary secretary, M. Rüffer, the finances of the hospital are in a very satisfactory condition. During the past year there were treated 355 in-patients and upwards of 11,000 out-patients of all nationalities.

PRESENTATIONS.—The lady members of the Burton and Beaminster branches of the St. John Ambulance Association have presented Dr. Clibborn (a lecturer of the Association) with a timepiece and aneroid barometer. On the occasion of Dr. Hill's retirement from the Cane Hill County Asylum, to undertake the medical superintendentship of Wandsworth County Asylum, the medical staff and officials presented him with a gold watch and albert chain. At the same time, a patient, on behalf of the female patients, presented him with a fish knife and fork and other gifts. On the 2nd inst. the members of the Benevolent Lodge, M.U., Brompton, presented Dr. Jeffreys, who has been medical officer to the lodge for twenty-four years, and is now leaving the district, with a silver claret cup, as a mark of their high regard and esteem. Dr. P. E. Hill was presented by the members of the St. John Ambulance Association, Crickhowell, on the 31st ult., his birthday, with an arm-chair and illuminated address, as tokens of their appreciation of his gratuitous instruction in ambulance work.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BAIGENT, W., M.B., B.S. Dur., has been appointed Senior House Physician to the Royal Infirmary, Newcastle-on-Tyne, vice E. Cave, M.D. Lond., resigned.

BARRON, T. W., M.A., M.B. Cantab., M.R.C.S., has been appointed Honorary Consulting Surgeon to the Durham County Hospital, Durham.

BERRY, H. P., M.B. Lond., M.R.C.S., has been reappointed Medical Officer of Health to the Grantham United District.

BOYCE, C. E., L.K.Q.C.P., L.R.C.S., L.M. Irel., has been appointed Resident Surgeon, Rotunda Hospital, Dublin.

BURD, G.V., L.R.C.P. Edin., L.M., M.R.C.S., has been appointed Medical Officer of the Bratton Clovelly District, Okehampton.

BURNS, J. G., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Waterperry District, Thame Union.

CALVERT, JAMES, B.A., B.Sc., M.D. Lond., M.R.C.P., has been appointed Assistant Physician to the Royal Free Hospital.

ELLIOTT, F. H., M.D., M.B. & C.M. Aberd., M.R.C.S., L.S.A., has been appointed Medical Officer of the Second District, Andover Union.

FARNELL, H. D., F.R.C.S. & M. Eng., L.S.A., has been reappointed Surgeon to the Princess Alice Memorial Hospital, Eastbourne.

FARR, S. B., L.R.C.P., L.M. Edin., M.R.C.S., has been reappointed Medical Officer of Health, Andover Rural and Union Districts.

HAMILTON, A. A., L.R.C.P., L.R.C.S. Edin., & L.M., has been appointed Medical Officer, Crowle.

HIGHET, J., M.D., M.B. & C.M. Glas., has been appointed Medical Officer, Workington Union District.

HINDLE, A. E., L.R.C.P. Edin., L.F.P.S. Glas., has been appointed Medical Officer to the Fifth District of the Leicester Union, vice W. A. Cox-Hippesley, M.B., deceased.

HODGES, JOHN F., M.D. Qu. Univ. Irel., L.F.P.S. Glas., has been reappointed Public Analyst for the Borough of Belfast.

KEEP, A. C., M.D., M.B. & C.M. Edin., M.R.C.S., has been appointed a Medical Officer of Bromsgrove Cottage Hospital.

KIDD, H. C., M.B. Lond., F.R.C.S. & M., L.R.C.P., has been appointed a Medical Officer of Bromsgrove Cottage Hospital.

KINNEIR, F. W. E., M.R.C.S., L.S.A., has been appointed Medical Officer of No. 4 District, Horsham.

LEACH, ALFRED, M.B. Aberd., M.R.C.P. Edin., formerly Honorary Medical Officer to the Pimlico-road Free Dispensary, has been appointed Honorary Physician to the Institution.

MCLEAN, ALEXANDER D., L.R.C.P. Edin., L.R.C.S., has been appointed Assistant Medical Officer to the Town's Hospital, Glasgow.

PENNELL, G. HERBERT, M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer to the Evelina Hospital for Sick Children, Southwark-bridge-road, S.E.

PHILLIPS, G. A., M.R.C.S., L.S.A., has been appointed Medical Officer of the Cottage Hospital, Walsall.

STEAD, G., L.R.C.P., M.R.C.S., has been appointed Consulting Surgeon to the Walsall Cottage Hospital.

STEWART, ALEX., M.B., M.C., L.F.P.S. Glas., has been appointed Medical Officer of the Fever Hospital for Mid and West Lothian.

TRAILL, DAVID, M.A., B.Sc., M.B. & C.M. Edin., has been appointed Medical Officer of New Pitsligo, Aberdeen.

TRESIDDER, W. E., M.B., B.S. Lond., M.R.C.S., L.R.C.P., has been appointed House Physician to Guy's Hospital.

UNDERHILL, T. E., M.D., M.B., C.M., F.R.C.S. Edin., has been appointed Officer in Charge of Bromsgrove Cottage Hospital.

VANN, A. M., M.R.C.S., L.S.A., has been appointed Honorary Consulting Surgeon to the Durham County Hospital.

VINRACE, JOHN HICKS, M.B. Lond., M.R.C.P. Lond., M.R.C.S., has been appointed Honorary Physician to the Farringdon General Dispensary, vice Dr. Stretton, deceased.

WARD, A. H., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Medical Officer of the Union, St. George's-in-the-East.

WILLIAMSON, G. F., F.R.C.S., M., L.S.A., has been appointed Honorary Surgeon to the Newcastle Royal Infirmary, vice L. Armstrong, deceased.

WOOD, T. OUTTERSON, M.D., M.R.C.P. Lond., L.R.C.P., F.R.C.S. Edin., has been appointed Honorary Physician to the Farringdon General Dispensary.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY, Sloane-sq., S.W.—Surgeon to the Western District of this Charity.

CITY OF MANCHESTER.—Medical Officer of Health. Salary £850 per annum.

GENERAL HOSPITAL, Birmingham.—Resident Medical Officer. Salary £130 per annum, with residence, board, and washing.

LONDON SKIN HOSPITAL, 47, Cranbourne-street, W.C.—An additional Medical Officer.

NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor, Isle of Wight. Dispenser. Salary £50, with board and residence.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo-bridge-road, London.—Registrar and Chloroformist.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Assistant House Surgeon. Salary £50 per annum, with board and residence.

SHEERNESS MEDICAL SOCIETY.—Surgeon. Salary about £300 per annum, exclusive of midwifery fees. Private practice allowed.

SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House Surgeon for six months. Board, lodging, and washing, with an honorarium of £10.

TUNBRIDGE WELLS GENERAL HOSPITAL.—Resident House Surgeon and Secretary. Salary £100 per annum, with board, furnished apartments in the hospital, gas, firing, and attendance.

WEST HERTS INFIRMARY, Hemel Hempstead.—House Surgeon and Dispenser. Salary £100 per annum, with board, furnished rooms, fire, lights, and attendance.

YORK COUNTY HOSPITAL.—Secretary and Manager. Salary £150 per annum.

Births, Marriages, and Deaths.

BIRTHS.

COLEMAN—On the 11th inst., at Hill View, Streatham-common, the wife of Charles A. Coleman, M.D., of a daughter.

EDWARDES.—On the 29th ult., at Acacia-road, St. John's-wood, the wife of E. J. Edwardes, M.D.Lond., M.R.C.P., of a daughter.

PRESTON.—On the 11th inst., at Canterbury, the wife of H. O. Preston, M.R.C.S., of a daughter.

VERRALL.—On the 5th inst., at Montpellier-road, Brighton, the wife of T. Jenner Verrall, M.R.C.S., L.R.C.P., of a son.

WOMACK.—On the 6th inst., at Dennington-park-road, West Hampstead, the wife of Frederick Womack, M.B., B.Sc.Lond., of a daughter.

MARRIAGES.

EDWARDS—MORGAN.—On Dec. 22nd, at St. Mary's, Waverlay, Sydney, N.S.W., Charles Augustus Edwards, M.D., to Marguerite Amy Viola, younger daughter of the late Colonel George Bernard Morgan, Town Major of Gibraltar.

MACAN—LYNCH.—On the 5th inst., at All Saints' Church, Grangegorman, Arthur V. Macan, M.B., Master of the Rotunda Hospital, to Mary Katherine Amelda, youngest daughter and only surviving child of the late John Manning, the Range, New Orleans, and widow of Oliver Lynch, Louisville, Kentucky, U.S.A.

OGILVY—WALKER.—On the 3rd inst., at St. John's Church, Fitzroy-sq., Wilfred William Ogilvy, M.B., C.M., second son of James Spowart Beveridge, F.R.C.S., M.R.C.P.Edin., to Millie, youngest daughter of the late George H. Walker.

DEATHS.

BARRON.—On the 9th inst., at The Hawthorns, Church-end, Finchley, N., Hunter Jackson Barron, M.D., F.L.S., elder son of Edward Jackson Barron, of Endsleigh-street and Lincoln's-inn-fields, aged 31.

BRUMELL.—On the 8th inst., at Morpeth, Matthew Brumell, surgeon, Morpeth, aged 76.

DRYSDALE.—On the 4th inst., at Cannes, Alfred Edgar Drysdale, M.B., L.R.C.P., son of Dr. Drysdale, of Liverpool, aged 34.

FRY.—On the 7th inst., at his residence, Solent Villa, Kimmage-road Dublin, Alexander Fry, M.K.Q.C.P.I., M.R.C.S. Eng., in his 83rd year.

LOWDELL.—On the 7th inst., at his residence, Norfolk-road, Brighton, Joseph Langridge Lowdell, M.R.C.S., L.S.A., in his 70th year.

SPEER.—On the 9th inst., at Royal York-crescent, Clifton, Stanhope Templeman Speer, M.D., of Alexandra-road, South Hampstead, London, only son of Thomas Charlton Speer, late 5th Dragoon Guards, aged 65.

STRETTON.—On the 6th inst., at his residence, Christ Church-gardens, Reading, also of Suffolk-place, S.W., William Harris Stretton, M.D., aged 60.

WHITFIELD.—On the 8th inst., at Ellesmere, Salop, William Benson Whitfield, M.R.C.S., aged 72.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Professor John Bland Sutton: Evolution in Pathology.

SOCIETY OF ARTS.—8 P.M. Mr. W. J. Linton: Wood Engraving. (Cantor Lecture.)

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Hughlings-Jackson and Dr. Beevor: On a case of Epilepsy with Olfactory Aura from a Tumour in the Temporo-sphenoidal Lobe.—Dr. B. W. Richardson: On the Period for Surgical Interference in Acute Intestinal Obstruction.

Tuesday, February 19.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 3 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics same days, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.

SOCIETY OF ARTS.—8 P.M. Commander V. Lovett Cameron: Slavery in Relation to Trade in Tropical Africa.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Sainsbury: Meningeal Tuberculosis.—Mr. W. G. Spencer: The Formation of Mucous Cysts of the Mouth.—Mr. Hutchinson: (1) Fatty Tumour from Scrotum not connected with Cord; (2) Illustrations of the Crateriform Ulcer of the Face (a variety of Epithelial Cancer); (3) Sarcoma of the Testicle following an Inflammatory Hypertrophy of the other, which the Microscope declared not Sarcomatous.—Mr. D'Arcy Power: Case of Ossifying Sarcoma of the Knee.—Dr. Wilde (introduced by Mr. J. B. Sutton): A Dermoid Cyst of the Lumbo-sacral Cord simulating Spina Bifida.—Mr. Hudson: Specimen of Congenital Stricture of Intestine. Card Specimens:—Dr. Cayley: Congenital Stricture of Ileum.—Mr. Eve: (1) Two cases of Extra-vaginal Hæmatocele; (2) Sarcoma of Foramen Growing into Vein; (3) Atrophic Scirrhus of Breast with Lymphatics Injected.—Dr. Wethered: Tuberculosis of Various Organs.

Wednesday, February 20.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M. Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical visits on Wednesday and Saturday at 9.15 A.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Professor John Bland Sutton: Evolution in Pathology.

SOCIETY OF ARTS.—8 P.M. Mr. Benjamin Baker: The Forth Bridge

Thursday, February 21.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Dr. Sidney Martin: The Venom of Serpents and Allied Poisons.

Friday, February 22.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Professor John Bland Sutton: Evolution in Pathology.

CLINICAL SOCIETY OF LONDON.—8 P.M. Living Specimens:—Mr. Hutchinson: Case allied to Kaposi's Disease.—Mr. C. Symonds: Three cases of Malignant Stricture of Œsophagus wearing Short Tubes.—Sir Dyce Duckworth: (1) Case of Erratic Tophi on Scrotum; (2) Case of Tophi associated with Psoriasis.—Dr. Arkle: Case of Spastic Diplegia in a Child the subject of Congenital Syphilis. 9 P.M. Papers:—Dr. Finlay: Case of Tubercular Disease in which Inversion of the Temperature Curve was an Important Aid in Diagnosis.—Mr. R. J. Godlee and Dr. Ralfe: Case of Suppression of Urine due to Impaction of Calculi in both Ureters Relieved by Operation.—Mr. Bland Sutton: Case of Erectile Tumour of Male Breast.

ROYAL INSTITUTION.—9 P.M. Mr. Harold Crichton-Browne: In the Heart of the Atlas.

Saturday, February 23.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Rt. Hon. Lord Rayleigh: Experimental Optics (Polarisation; Wave Theory).

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Stewart's Instruments.)

THE LANCET Office, February 14th, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Feb. 8	29·61	S.W.	40	33	55	50	32	·03	Overcast
„ 9	29·57	N.W.	35	33	66	39	32	·13	Bright
„ 10	29·79	W.	30	..	..	33	26	..	Overcast
„ 11	29·44	N.E.	32	..	..	35	27	·39	Snowing
„ 12	30·18	N.W.	27	..	65	38	25	..	Snowing
„ 13	30·24	S.W.	30	..	..	51	25	..	Overcast
„ 14	29·50	S.W.	51	49	..	51	30	·38	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

COUNTY COUNCILS.

WE publish on page 345 a list of candidates belonging to the medical profession who have been elected as Councillors or Aldermen on the County Councils. Should the returns be incomplete, we shall be glad to make good the omissions upon receipt of the particulars.

Mr. George Wilkinson would probably obtain the information he requires from the Secretary of the British Medical Benevolent Fund, Edw. East, Esq., 16, Upper Berkeley-street, Portman-square, W.

W. H. B. might apply to Mr. Kimpton, Wardour-street.

AN OBSCURE CASE.

To the Editors of THE LANCET.

SIRS,—Can any of your readers help me with a suggestion? I have a patient (literary), fifty-six years of age, who has been travelling for the last two years for nervous breakdown arising from overwork and worry, both now at an end. The pressing and puzzling symptom is what he himself designates as "sham cold feet"—i.e., sensation of cold in feet and ankles so great as to seriously interfere with the night's rest, the parts themselves remaining to the touch perfectly warm. All the other symptoms—starting at the least noise, inability to read in an ordinary newspaper an account of a fire, a chase after burglars, and so forth, without bursting into tears, and the like—are slowly but steadily improving. But this appears rather to grow worse, both in amount and extent, reaching now nearly half way to the knee. There is no mental depression. Mode of life regular and healthy. General health good. Very moderate smoker; ordinarily about four small cigarettes daily, frequently none. Bowels regular; motions liquid—the apparently permanent result of what he calls "a five years' educational course" of confection of senna, commenced under advice seven years ago for relief of hæmorrhoids. Refractory to hypnotics, morphia and cannabis producing apparently no effect whatever. Chloral and urethan produce only morning headache and nausea, while the latter seems rather to lessen sleep than increase it. Sleeps best after a stiff dose of grog; but this also is apt to result in morning nausea, so he "prefers to lie awake." During the period of adolescence was subject to attacks which, from description, would appear to have been of an epileptiform character. Ten years ago had a sharp attack of albuminuria from excessive overwork, and three years later was refused insurance on the ground of "organic disease of the kidneys," but no particular "disease" was specified; there is no symptom of anything of the kind at present. Urine: sp. gr. 1011, with no deposit of any kind; reaction faintly acid; no trace of albumen with nitric acid and Oliver's test-paper.

I am, Sirs, your obedient servant,

Seville, January, 1889. J. SYDNEY LANGDON, L.R.C.P.Lond.

PSYCHOLOGY ON THE STAGE.

A CORRESPONDENT writes:—"The presence of the Théâtre Libre Company in London gave promise of some opportunity for appreciating the value of the stage as a means of psychological study. I understood at first that the doors of the Royalty Theatre would be closed to the public, and that M. Antoine's company would perform, in the presence of specially invited guests, some plays based on a careful study of hysterical or nervous disorders and other psychological influences. The problems involved have not excited so much interest in England as in France or in Russia. Apparently M. Antoine has feared to make a venture of this kind in London. There was no private performance. The public were admitted as usual, and as usual paid for their seats. The theatre therefore was not emancipated from the control of the Lord Chamberlain. On Monday week a romantic historical melodrama, entitled 'La Mort du Duc d'Enghien,' was performed, and though it was interesting and the parts well sustained, it did not differ materially from ordinary theatrical productions. The one-act play, 'Jacque d'Amour,' founded on a short story by Emile Zola, was more like what I had anticipated. In any case, it was thoroughly realistic, though devoid of coarseness. Such a performance brings one down from the realms of idealism and romance to the every-day, harsh realities of life."

Mr. A. Smith.—We are not acquainted with a good work on the subject. Probably our correspondent would gain information by applying to Sir Henry Thompson or Sir Spencer Wells.

SOUTH AFRICA AS A HEALTH RESORT.

To the Editors of THE LANCET.

SIRS,—I have perused with much pleasure the interesting papers read by Dr. Symes Thompson at the Medical Society and the Royal Colonial Institute on this subject. I regret I had not an opportunity of seeing the author when he was in this colony, for I might in some small degree have strengthened his valuable report as to the advantages of the Eastern Province and some parts of the native territories between King Williamstown and Natal as residences for invalids.

I have before me the Hospital Returns of the regiment of Cape Mounted Riflemen in 1885, 1886, 1887, and 1888. This is the only regular corps the colony possesses at the present time, and it numbers 800 men of all ranks. In 1885 the admissions were 70, with two deaths; in 1886, 72, with two deaths; in 1887, 46, with one death; and in 1888, 57, with one death. There are of course a considerable number of men with minor accidents and diseases treated as out-patients, but the before mentioned are the actual number of cases considered by the medical officers sufficiently serious to be treated in hospital. The men are stationed over a wide range of country, at very varied elevations. One detachment is at the sea (port of St. John's), another 630 feet only above the level of the sea, and others between 4000 and 5000 feet higher. There are barracks only at three places, the men living as a rule in huts in small detachments, varying from thirty to three or four strong. They are principally Englishmen, with a sprinkling of colonial born men. Their ages are from seventeen to fifty. There are no elaborate and expensive arrangements made for the rationing, messing, clothing, and housing of the Cape Mounted Rifleman, as is the case with the British soldier. He is exposed to all kinds of weather, rain or shine, has to perform various and at times severe duties, sentry go, outlying picket, horse guards, patrols without waggons or tents, &c. Were it not for the soldiers' banes "wine and women," there would be few, if any, on the sick list. I think, Sirs, we may claim that the Colonial Government possesses the healthiest regiment in the world, and that a climate showing such a bill of health must have its advantages.

The limits of a letter will not permit me to comment on the drainage of the towns, or on the accommodation at the hotels. Since my arrival in the country in 1874, they have greatly improved, but there is still much room for amendment.—Your obedient servant,

E. B. HARTLEY,
Surgeon-Major, Cape Mounted Riflemen.

King Williamstown, Cape Colony, Jan. 19th, 1889.

F. M.—The cult of Æsculapius at Rome in the reign of the Antonines is admirably described in "Marius the Epicurian: his Sensations and Ideas," by W. H. Pater, Fellow of Brazenose College, Oxford (Macmillan and Co., 1885). The author shows how "the priesthood, or 'family,' of Æsculapius, a vast college, believed to be in possession of certain precious medical secrets, came nearest perhaps of all the institutions of the Pagan world to the Christian priesthood; the temples of the god, rich in some instances with the accumulated thank-offerings of centuries of a tasteful devotion, being really also a kind of hospitals for the sick, administered in a full conviction of the religiousness, the refined and sacred happiness of a life spent in the relieving of pain." The whole work deserves the careful study of the medical philosopher.

L. C.—In such a case as that mentioned by our correspondent it will probably be found best to employ an apparatus made by English mechanists, in which the loss of extensor power is remedied by the use of a lever and specially prepared rubber band. If the contraction of the tendo Achillis is marked, a previous tenotomy will be required.

MORTALITY OF SOLDIERS AND SAILORS IN THE FRENCH COLONIES.

DR. LAGNEAU has made an interesting report for the Academy of Political and Moral Sciences (Paris) on the death-rate among the soldiers and sailors on service in the French colonies. In France herself the yearly mortality in the army, in spite of the weeding out of all the weakly or invalid, is from 9 to 11 per 1000. In Algeria it is from 11 to 12, in Tunis 12, and in the Pacific Ocean (Tahiti, New Caledonia) from 8 to 9 per 1000. In Guiana, while much less considerable for the troops than for the colonists, it reached during epidemics of yellow fever as high as 237 per 1000. In the French Indies (Pondicherry) the death-rate among the residents is three times greater than in the garrisons. In Cochin China it rose at the beginning of the occupation to 115 per 1000, but sank by degrees, till it now reaches just the double of the home mortality. Tonkin would in itself be a healthier resort than Cochin China, on account of the greater diversity of the seasons; but the insufficient number of the troops, and the consequent over-exertion imposed on them, raised the mortality to a terrible figure. From 1882 to 1885 the annual loss was 40 per 1000, and in 1885 (the cholera year) as many as 96 per 1000. On the Island of Réunion the proportional death-rate would be in itself more favourable; but in the hospitals there the sick imported from Madagascar and the neighbouring islands who die have raised the average mortality (29 per 1000) to as many as 70, and after certain expeditions to 113, per 1000. Senegal has a bad priority among the French colonies. In 1832-37 the death-rate was 148 per 1000; now, however, it is 73, because the men do not remain so long. To lower the mortality among the colonial troops, Dr. Lagneau can only recommend their more rapid rotation and resort to upland and sea-exposed quarters, but especially their replacement by native regiments.

Dr. C. F. Hutchinson.—We refrain from publishing our correspondent's letter, as we have reason to know that the statement to which he refers was not the sole ground for the step taken. Moreover, he is misinformed as to the fact of the resignation in question being tantamount to a withdrawal from teaching, which has always been, and will continue to be, carried out at the hospital for nervous diseases to which the physician named has long been attached.

Max.—The death, in our opinion, should be classed among the cases of heart disease, that evidently being the real cause of death. In the second case we suppose that an acute attack of nephritis occurred during chronic kidney disease.

Mr. Hannah.—We do not know of any special stove; but an ordinary frying-pan supported on bricks answers the purpose admirably, or the burning of bisulphide of carbon will do as well.

ERRATA.—In Mr. Bennett's lecture on Varicocele in our last number, page 262, second column, thirteenth line from top, for "symptoms" read *symptom*; and at page 264, first column, second line from bottom, for "approximate" read *appropriate*.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Braxton Hicks, London; Dr. More Madden, Dublin; Mr. Carmalt Jones, London; Mr. Lockwood, London; Mr. G. Wilkinson; Mr. Jonathan Hutchinson, London; Mr. W. H. Bennett, London; Dr. M. Baines, London; Dr. H. R. Jones, Liverpool; Surgeon-Major Hartley, Cape Colony; Mr. Laffan, Cashel; Dr. Darwin, Didsbury; Dr. Birch, West Brighton; Mr. H. E. Mortis, London; Mr. E. East; Mr. Green, London; Dr. Sternberg, Baltimore; Dr. Cruise, Dublin; Messrs. Calvert and Co., Manchester; Dr. Mears, Newcastle-on-Tyne; Mr. Cheshire, Birmingham; Dr. Clifford Allbutt, Leeds; Mr. C. S. Jeaffreson, Newcastle-on-Tyne; Messrs. Warren, Bristol; Mr. P. C. Hill, Crickhowell; Mr. Teetgen, London; Mr. Stonham, London; Mr. Venman, London; Mr. J. F. Briscoe, London; Dr. Haslam, London; Dr. H. Hill, London; Dr. Paterson, Dundee; Mr. Wallis, London; Mr. A. E. Garrod, London; Mr. Blenkarne, Leicester; Mr. Damania, Pishin; Mr. H. Sewill, London; Mr. Hollander, London; Messrs. Coxeter and Son, London; Mr. Hopwood, Stalybridge; Dr. J. F. Easmon, Gold Coast Colony; Mr. Brennan, Slingaby; Mr. Goldie, Leeds; Mr. Boyce, Bath; Mr. Lee, London; Dr. Hussy, Brighton; Mr. Edwards, Llanfyllin; Mr. Michelli, London; Mr. Jollye, Spalding; Mr. J. Graham, Exeter; Mr. J. Holm, London; Mr. R. W. Walsh, Manchester; Mr. J. Parnell, London; Mr. H. H. Taylor, London; Mr. Thomas, Hemel Hempstead; Mr. Pope, Leicester; Mr. Nicholls, Hartest; Mr. G. R. Turner, London; Mr. Clayton, Accrington; Mr. Austin, Teignmouth; Mr. Hulme, Birmingham; Dr. Wiener, Risano; Mr. Warner, Sheffield; Mr. Coghill, Birmingham; Mr. Foulerton, Chatham; L. C.; P., Sheffield; Matron, Eston; Graduate; X.; Max; Ne plus ultra; Medicus, Sheffield; A. H. B.; Alpha; M.D., London; Parish Doctor; Midlands, London; R. P.; F. C. B.; L. M. S.; An English Doctor.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Squire, London; Mr. London, Wilts; Mr. Sergeant, London; Messrs. Dowie and Marshall, London; Mr. Richardson, Halifax; Mr. Evans, South Wales; Mr. Dauber, Carnarvon; Dr. Feeny, France; Messrs. Horner and Edmonson, Wakefield; Mr. Skrimshire, Holt; Messrs. Macmillan and Co., London; Mr. Johnston, Chester-le-Street; Messrs. Hedges and Butler, London; Mr. Davenport, London; Messrs. Robbins and Co., London; Dr. Jagielski, London; Dr. Popham; Messrs. Blake and Co., London; Mr. Nevis, London; Dr. Mackay, Durham; Mr. Van Praagh, London; Mr. Mainwaring, London; Messrs. Woolley and Sons, Manchester; Mr. Wheeler, Manchester; Messrs. Powneeby and Co., London; Mr. Rollinson, Lincoln; Mr. Stephen, Moreland; Mr. Preston, Canterbury; Mr. Darley, Liverpool; Messrs. Ferris and Co., Bristol; Messrs. Maclachlan, Edinburgh; Messrs. Bullock and Reynolds, London; Mr. Heywood, Manchester; Messrs. Benson and Son, London; Mr. Somerville, Edinburgh; Messrs. Squire and Sons, London; Mr. Algar, London; Mr. Barff, London; Messrs. Read and Co., Bristol; Mr. Lingard, Ireland; Mr. Watkins, Newport; Miss Waugh, Herts; Mr. Elliott, Carlisle; Sister Marie, Lancs.; Medicus, London; W., London; T., Oldham; Disc, London; Bolton Infirmary; Co. Durham, London; Secretary, Staffs.; Birmingham General Hospital; A. B., Eastbourne; H. W., Margate; Bridgwater Infirmary; F. D., Lancs.; Down, London; General Hospital for Sick Children, Pendlebury; N. M., Southport; T. P., Taunton; Eastern Counties Asylum; Surgeon, Bristol; A. W. K., Yarmouth; House Surgeon, York; M.R.C.S., Hereford; P., Staffs.; Aldershot Lock Hospital; P., Sheffield; Vera, Glasgow; Alpha, Cardiff; Boscombe Cottage Hospital; Alpha, Yorks.; Mr. J., Yorks.; Bootle Borough Hospital; Surgeon, London; Beta, London; S. A., London; House Surgeon, Plymouth; Alpha, Leeds; Graduate, Dalkeith; Swansea Hospital; Medicus, Birmingham; Phalanx, Liverpool; West Riding Asylum; Scotland, London; Z., Hull; Lady Superintendent, Bedford.

Croydon Echo, Denbighshire Free Press, Lincolnshire Chronicle, Reading Mercury, Hertfordshire Mercury, Abergavenny Chronicle, Derbyshire Courier, Surrey Advertiser, Herald and Weekly Free Press, Manchester Guardian, West Middlesex Advertiser, North Star, Services United Gazette, Mining Journal, Bridport News, Architect, London Journal, Evening Mail (Portsmouth), Bristol Times, Leeds Mercury, &c., have been received.

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